

# TSD File Inventory Index

Date: July 18, 2008

Initial: CMH/MS

|   |                                     |   |
|---|-------------------------------------|---|
| Facility Name: <u>Dickens, Inc. (One Teller Site)</u> |                                     |   |
| Facility Identification Number: <u>MD 922-552</u>     |                                     |   |
| A.1 General Correspondence                            | <input checked="" type="checkbox"/> | B.2 Permit Docket (B.1.2)                               |
| A.2 Part A / Interim Status                           | <input checked="" type="checkbox"/> | .1 Correspondence                                       |
| .1 Correspondence                                     | <input checked="" type="checkbox"/> | .2 All Other Permitting Documents (Not Part of the ARA) |
| .2 Notification and Acknowledgment                    | <input checked="" type="checkbox"/> | C.1 Compliance - (Inspection Reports)                   |
| .3 Part A Application and Amendments                  | <input checked="" type="checkbox"/> | C.2 Compliance/Enforcement                              |
| .4 Financial Insurance (Sudden, Non Sudden)           |                                     | .1 Land Disposal Restriction Notifications              |
| .5 Change Under Interim Status Requests               |                                     | .2 Import/Export Notifications                          |
| .6 Annual and Biennial Reports                        |                                     | C.3 FOIA Exemptions - Non-Releasable Documents          |
| A.3 Groundwater Monitoring                            |                                     | D.1 Corrective Action/Facility Assessment               |
| .1 Correspondence                                     |                                     | .1 RFA Correspondence                                   |
| .2 Reports  |                                     | .2 Background Reports, Supporting Docs and Studies      |
| A.4 Closure/Post Closure                              | <input checked="" type="checkbox"/> | .3 State Prelim. Investigation Memos                    |
| .1 Correspondence                                     | <input checked="" type="checkbox"/> | .4 RFA Reports  |
| .2 Closure/Post Closure Plans, Certificates, etc      | <input checked="" type="checkbox"/> | D.2 Corrective Action/Facility Investigation            |
| A.5 Ambient Air Monitoring                            |                                     | .1 RFI Correspondence                                   |
| .1 Correspondence                                     |                                     | .2 RFI Workplan   |
| .2 Reports  |                                     | .3 RFI Program Reports and Oversight                    |
| B.1 Administrative Record                             |                                     | .4 RFI Draft /Final Report                              |
|   |                                     | 5. RFI OAPP   |

Total - 1

|  |  |  |  |
|--|--|--|--|
| .6 RFI QAPP Correspondence                       |  | .8 Progress Reports  |  |
| .7 Lab Data, Soil-Sampling/Groundwater           |  | D.5 Corrective Action/Enforcement  |  |
| .8 RFI Progress Reports                          |  | .1 Administrative Record 3008(h) Order   |  |
| .9 Interim Measures Correspondence               |  | .2 Other Non-AR Documents  |  |
| .10 Interim Measures Workplan and Reports        |  | D.6 Environmental Indicator Determinations   |  |
| D.3 Corrective Action/Remediation Study          |  | .1 Forms/Checklists  |  |
| .1 CMS Correspondence                            |  | E. Boilers and Industrial Furnaces (BIF)   |  |
| .2 Interim Measures                              |  | .1 Correspondence  |  |
| .3 CMS Workplan                                  |  | .2 Reports   |  |
| .4 CMS Draft/Final Report                        |  | F Imagery/Special Studies<br>(Videos, photos, disks, maps, blueprints, drawings, and other special materials.) |  |
| .5 Stabilization                                 |  | G.1 Risk Assessment  |  |
| .6 CMS Progress Reports                          |  | .1 Human/Ecological Assessment   |  |
| .7 Lab Data, Soil-Sampling/Groundwater           |  | .2 Compliance and Enforcement  |  |
| D.4 Corrective Action Remediation Implementation |  | .3 Enforcement Confidential  |  |
| .1 CMI Correspondence                            |  | .4 Ecological - Administrative Record  |  |
| .2 CMI Workplan                                  |  | .5 Permitting  |  |
| .3 CMI Program Reports and Oversight             |  | .6 Corrective Action Remediation Study   |  |
| .4 CMI Draft/Final Reports                       |  | .7 Corrective Action/Remediation Implementation  |  |
| .5 CMI QAPP                                      |  | .8 Endangered Species Act  |  |
| .6 CMI QAPP Correspondence                       |  | .9 Environmental Justice   |  |
| 1.   |  |  |  |

Note: Transmittal Letter to Be Included with Reports.

Comments: *See folder site*



RECEIVED

FEB 10 1986

SWD - AIS  
U.S. EPA, REGION V

VERIFICATION OF RECEIPT OF PUBLIC REVIEW MATERIALS

NAME OF LIBRARY: Troy Michigan Public Library  
LIBRARY CONTACT: Ms. Allison Nunney, Administrative Aide  
LIBRARY LOCATION: 510 W. Big Beaver Rd.  
Troy, MI 48084

FACILITY NAME: Vickers, Inc.  
FACILITY LOCATION: 1401 Crooks Rd., Troy, MI  
FACILITY U.S. EPA ID NO: MID 001722552

MATERIALS RECEIVED:  
-Public Notice  
Part A  
-Closure Information

DATE RECEIVED:  
DATE OF PUBLIC AVAILABILITY:

*thru March 7, 1986*

SIGNATURE OF RECEIVING PARTY:

*Allison J. Nunney*

PLEASE RETURN (IN SELF-ADDRESSED, POSTAGE AND FEES PAID ENVELOPE) TO:

U.S. ENVIRONMENTAL PROTECTION AGENCY  
230 SOUTH DEARBORN  
5HS-JCK-13  
CHICAGO, ILLINOIS 60604

ATTENTION: Christine Klemme

RECEIVED  
FEB 07 1986  
SOLID WASTE BRANCH  
U.S. EPA, REGION V



January 19, 1990

United States Environmental Protection Agency  
Region 5  
RCRA Activities  
P.O. Box A3587  
Chicago, Illinois 60690  
Attn: Ms. Sharon Kiddon

SUBJECT: CLOSING OLD EPA ID NUMBER

Effective December 31, 1989 Vickers will no longer need the EPA ID Number MID001722552 for 1401 Crooks Rd. Troy, Michigan 48024. We have moved our operation to a new facility. Vickers Hazardous Waste Activity for this site was generator only. All waste was removed from the site.

An environmental survey was conducted by the new owner, no adverse conditions were found.

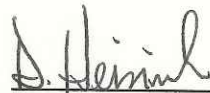
Our new location is:

Vickers Incorporated  
2730 Research Drive  
Rochester Hills, Michigan 48309-3570

Our New EPA ID Number is:

MID985569722

If you have any questions feel free to call me at  
(313) 853-1082.

  
D. Heinrich  
Maintenance Foreman

RECEIVED  
JAN 29 1990

cc: R. Hagan  
Michigan DNR

RCRA-IMS  
U.S. EPA. REGION V

REQUEST FOR CHANGE IN STATUS TO:

"GENERATOR ACCUMULATING WASTE ON-SITE IN COMPLIANCE WITH 40 CFR 262.34"

(APPLICABLE TO FACILITIES WHICH, AS OF NOVEMBER 19, 1980, HAVE BEEN  
STORING WASTES IN CONTAINERS AND/OR TANKS ONLY)


|                    |                      |
|--------------------|----------------------|
| Facility Name:     | VICKERS INCORPORATED |
| Facility Location: | 1401 CROOKS ROAD     |
| Mailing Address:   | TROY, MICHIGAN 48084 |
| U.S. EPA ID No.:   | MID001722552         |

1. I certify, in reference to the above-named facility, that a complete and accurate description of the activities currently conducted, for purposes of the Resource Conservation and Recovery Act (RCRA), are those of a generator accumulating waste on-site, in compliance with 40 CFR 262.34. This description of activities shall be considered effective as of

JUNE 3, 1985

(please type, in above space: today's date,  
or other appropriate past date)

2. I certify that all hazardous waste which had been stored at this facility for greater than 90 days have been permanently removed, and -- for that portion of the wastes that were present on-site on or after November 19, 1980 -- the manifest requirements of 40 CFR-Part 262 have been complied with, and all manifests are on file at this facility, available for inspection by authorized State and Federal officials.
3. I finally certify under penalty of law that I have personally examined, and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

|   |                                 |             |
|---|---------------------------------|-------------|
|  | Theodore N. Duncan<br>President | 7 June 1985 |
| Signature   | Typed Name and Title            | Date        |

(Please have appropriate official, per 40 CFR 270.11, sign and date.)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION V

DATE: March 12, 1986

SUBJECT: End of Comment Period for Vickers, Inc.

MID001722552

FROM: Christine Klemme, RCRA, PCU *ck*

TO: Diane Spencer, TPS

The comment period ended on March 7, 1986, for Vickers  
closure plan. NO comments were received.

DEPARTMENT OR ESTABLISHMENT, BUREAU OR OFFICE

U.S. Environmental Protection Agency-Waste Management Div.

DATE

1/21/86

The publisher of the publication named below is authorized to  
publish the enclosed advertisement according to the schedule  
if provided the rates are not in excess of the commercial rates

charged to private individuals with the usual discounts. It is to be  
set solid, without paragraphing, and without any display in the  
heading unless otherwise expressly authorized in the specifications.

NAME OF THE PUBLICATION ADVERTISED IN

Troy, Michigan SOMMERSET GAZETTE

SUBJECT OF ADVERTISEMENT

Public Notice

EDITION OF PAPER ADVERTISEMENT APPEARED

Morning

NUMBER OF TIMES ADVERTISEMENT APPEARED

One time

DATE(S) ADVERTISEMENT APPEARED

Monday February 3, 1986

SPECIFICATIONS FOR ADVERTISEMENT

Please place in legal notice/classified section of paper

Size: 2 x 4 Column inches

COPY FOR ADVERTISEMENT

See attached sheet

| AUTHORITY TO ADVERTISE                                    | INSTRUMENT OF ASSIGNMENT |
|---|--------------------------|
| NUMBER<br>651063NASA                                      | NUMBER                   |
| DATE<br>January 29, 1986                                  | DATE                     |
| SIGNATURE OF AUTHORIZING OFFICIAL<br><i>Annette Myers</i> | TITLE                    |

INSTRUCTIONS TO PUBLISHERS

Extreme care should be exercised to insure that the specifica-  
tions for advertising to be set other than solid be definite, clear,  
and specific since no allowance will be made for paragraphing or  
for display or leaded or prominent headings, unless specifically  
ordered, or for additional space required by the use of type other  
than that specified. Specifications for advertising other than solid  
and the advertisement copy submitted to the publisher will be  
attached to the voucher. The following is a sample of solid line  
advertisement set up in accordance with the usual Government  
requirements.

DEPARTMENT OF HIGHWAYS & TRAFFIC,  
D.C. Bids are requested for first spring 1986 ce-  
ment concrete repair contract, including inci-  
dental work, Washington, D.C., Invitation No.  
C-5576-H, consisting of 11,000 sq. yds. PCC Class  
BB sidewalk repair and 2,000 cu. yds. PCC Class  
A pavement, alley, & driveway repair, both cut  
repairs only. Bidding material available from the  
Procurement Officer, D.C. Sealed bids to be opened  
in the Procurement Office at 3:00 p.m.,  
November 15, 1985.

Your bill for this advertising order should be submitted on the  
"Public Voucher for Advertising" form, which is printed on the  
reverse of this form, immediately after the last publication of the  
advertisement. If copies of the printed advertisement are not avail-  
able, complete the affidavit provided on the voucher. Submit the  
voucher and a copy of the printed advertisement to  
Ms. Leonora Santelli, Financial Mgt.  
U.S. Environmental Protection Agency-14th Floor  
230 S. Dearborn  
Chicago, IL 60604

Charges for advertising when a cut, matrix, stereotype or electro-  
type is furnished will be based on actual space used and no allow-  
ance will be made for shrinkage.

In no case shall the advertisement extend beyond the date and  
edition stated in this order.

ENVIRONMENTAL  
PROTECTION AGENCY

RECEIVED

JAN 30 1986

SOLID WASTE BRANCH  
U.S. EPA, REGION V



**PUBLIC VOUCHER FOR ADVERTISING**

|   |                          |                                       |
|---|--------------------------|---------------------------------------|
| DEPARTMENT OR ESTABLISHMENT, BUREAU OR OFFICE<br>United States Environmental Protection Agency - Solid Waste Branch                               |                          | For Agency Use Only<br>VOUCHER NUMBER |
| PLACE VOUCHER PREPARED<br>230 South Dearborn 5HS-JCK-13 Chicago, Ill.   | DATE PREPARED<br>1/13/86 | SCHEDULE NUMBER                       |
| NAME OF PUBLICATION<br>Somerset Gazette (Troy, Michigan)  |                          | PAID BY                               |
| NAME OF PUBLISHER OR REPRESENTATIVE<br>Contact: Cynthia Kmett   |                          |                                       |
| ADDRESS (Street, room number, city, State, and ZIP code)<br>1721 Crooks Road, P.O. Box 482<br>Troy, Michigan 48099 84 SUITE 211<br>(313) 649-5520 |                          |                                       |

**CHARGES**

| TYPEFACE    | (size of type)                                       | POINT PER     | (inch, square, word, or folio) |
|-------------|--|---------------|--------------------------------|
|             | NUMBER OR LINES (Indicate counted or space)          | COST PER LINE | TOTAL COST                     |
| Line Rates  | FIRST INSERTION                                      | \$            | \$                             |
|             | ADDITIONAL INSERTIONS<br>GIVE NUMBER ▶               |               |                                |
|             | TOTAL  |               | \$                             |
| Other Rates | NUMBER OF UNITS (Indicate inch, square, word, folio) | COST PER UNIT | TOTAL COST                     |
|             | FIRST INSERTION                                      | \$            | \$                             |
|             | ADDITIONAL INSERTIONS<br>GIVE NUMBER ▶               |               |                                |
|             | TOTAL  |               | \$                             |

Attach one copy of advertisement (including upper and lower rules) to each copy of voucher here. If copy is not available sign the following affidavit.

TOTAL LINE RATES AND OTHER RATES

LESS DISCOUNT AT %

BALANCE DUE \$

VERIFIED (Initials)

**AFFIDAVIT**

This represents a true billing for the attached advertising order, with specifications and copy, which has been completed.

SIGNATURE OF PUBLISHER OR REPRESENTATIVE

TITLE

DATE

**FOR AGENCY USE ONLY**

|  |                      |
|--|----------------------|
| ADVERTISEMENT PUBLISHED IN   | DATE PUBLISHED       |
| I certify that the advertisement described above appeared in the named publication and that this account is correct and eligible for payment.                        |                      |
| SIGNATURE AND TITLE OF CERTIFYING OFFICER  | DATE                 |
| SIGNATURE AND TITLE OF AUTHORIZING OFFICER   | DATE                 |
| ACCOUNTING CLASSIFICATION<br>Affidavit required 216.00<br>Estimate <del>216.00</del> 644505.002<br>003652<br>6860200<br>Need by Thursday /week preceding publication | PAID BY CHECK NUMBER |

<sup>1</sup> If the ability to certify and authority to approve are combined in one person enter "N/A" (not applicable) here.

PUBLIC NOTICE

The United States Environmental Protection Agency (U.S. EPA) is giving notice of its tentative decision to approve a change in status certification submitted by Vickers, Incorporated (Vickers), located at 1401 Crooks Road, Troy, Michigan. Vickers has stored hazardous waste (as defined by Federal law) in containers. The change in status for this facility was effected by removing the hazardous waste stored longer than 90 days and by limiting the present accumulation to fewer than 90 days. This action has changed the status of the Vickers facility to that of a generator storing for fewer than 90 days (per 40 CFR 262.34).

This certification of change in status was submitted to satisfy regulations promulgated under the Resource Conservation and Recovery Act (RCRA), as amended. U.S. EPA required the certification of change in status when Vickers requested a change in status from a storage facility to a small quantity generator.

The certification and related background materials are available to the public at the U.S. EPA, Solid Waste Branch, 230 South Dearborn, 13th Floor, Chicago, Illinois 60604, (312) 886-3715, from 8:30 a.m. to 4:30 p.m., Monday through Friday. These materials also may be seen during business hours at the Troy Public Library, 501 W. Big Beaver Road, Troy, Michigan (contact A. Nunney).

Public comments concerning the certification or this action are invited by the U.S. EPA and will be accepted through March 7, 1986. Please send comments to:

United States Environmental Protection Agency  
RCRA Activities  
P.O. Box A 3587  
Chicago, Illinois 60690-3587  
ATTN: Christine Klemme

Troy-Somerset Gazette  
Feb. 3, 1986

## PUBLIC NOTICE

The United States Environmental Protection Agency (USEPA) is giving notice of its tentative decision to approve a change in status certification submitted by Vickers, Incorporated (Vickers), located at 1401 Crooks Road, Troy, Michigan. Vickers has stored hazardous waste (as defined by federal law) in containers. The change in status for this facility was effected by removing the hazardous waste stored longer than 90 days, and by limiting the present accumulation to fewer than 90 days. This action has changed the status of the Vickers facility to that of a generator storing for fewer than 90 days (per 40 CFR 262.34). This certification of change in status was submitted to satisfy regulations, promulgated under the resource conservation and recovery act as amended. USEPA required the certification of change in status when Vickers requested a change in status from a storage facility to a small quantity generator.

The certification and related background materials are available to the public at the USEPA, Solid Waste Branch, 230 South Dearborn, 13th Floor, Chicago, IL 60604, 312-886-3715. From 8:30 a.m. to 4:30 p.m. Monday through Friday. These materials also may be seen during business hours at the Troy Public Library, 501 West Big Beaver Road, Troy, Michigan (contact A. Nunney).

Public comments concerning the certification or this action are invited by the USEPA and will be accepted through March 7, 1986. Please send comments to the United States Environmental Protection Agency, RCRA Activities, P.O. Box A3587, Chicago, IL 60690-3587, attention Christine Klemme.







UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
RCRA ACTIVITIES  
P.O. BOX A3587  
CHICAGO, ILLINOIS 60690

1/29/90

Attn: D. Heinrich  
Vickers Inc  
2730 Research Dr  
Rochester Hills, MI 48309

This is in response to your letter of 1/90 regarding  
the following installation:

U.S. EPA ID NUMBER: MID001722552

LOCATION OF INSTALLATION: 1401 Crooks Rd  
Troy, MI 48024

According to the information submitted, you have indicated that this facility is no longer in need of the U.S. EPA ID Number. Your ID number has been coded as an inactive number. DO NOT USE this number without re-notifying the U.S. EPA of your activity.

If you have any questions or need further assistance, please contact Sharon Kiddon of my staff at (312)886-6173.

Sincerely,

  
Arthur S. Kawatachi  
Information Section  
RCRA Program Management Branch

Enclosure

cc: State Agency  
File

Dy



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V

111 West Jackson Blvd.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

Richard Hagan, Facility Manager  
Sperry Vickers  
1401 Crooks Road  
Troy, Michigan 48084

RE: Interim Status Acknowledgement  
FACILITY NAME: SPERRY VICKERS

USEPA ID No. MID001722552

Dear Mr. Hagan:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

cc: W. H. Presley, Vice President Manufacturing

yes  
6/10/82





**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• MID001722552 REACKNOWLEDGEMENT

SPERRY VICKERS  
1401 CROOKS ROAD  
TROY

MI 48064

INSTALLATION ADDRESS

1401 CROOKS ROAD  
TROY

MI 48064





## NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

MID001722552 *ok*

NAME OF INSTALLATION

~~SPERRY RAND CORPORATION~~

II. INSTALLATION MAILING ADDRESS

1401 CROOKS ROAD  
TROY, MI 48064

001071 AUG 19 80

III. LOCATION OF INSTALLATION

1401 CROOKS ROAD  
TROY, MI 48064

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

MID001722552

A

800818

## I. NAME OF INSTALLATION

SPERRY VICKERS

## II. INSTALLATION MAILING ADDRESS

## STREET OR P.O. BOX

3 1401 CROOKS ROAD

## CITY OR TOWN

TROY

## ST.

## ZIP CODE

MI 48084

## III. LOCATION OF INSTALLATION

## STREET OR ROUTE NUMBER

5 1401 CROOKS ROAD

## CITY OR TOWN

6 TROY

## ST.

## ZIP CODE

MI 48084

## IV. INSTALLATION CONTACT

## NAME AND TITLE (last, first, &amp; job title)

## PHONE NO. (area code &amp; no.)

2 HAGAN RICHARD FACILITY MGR.

313-280-3484

## V. OWNERSHIP

## A. NAME OF INSTALLATION'S LEGAL OWNER

8 SPERRY CORPORATION

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)F = FEDERAL  
M = NON-FEDERAL

M

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

MID001722552

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 18 1980



|                   |    |    |    |    |    |    |    |    |    |
|-------------------|----|----|----|----|----|----|----|----|----|
| OFFICIAL USE ONLY |    |    |    |    |    |    |    |    |    |
| 5                 | 4  | 3  | 2  | 1  | 10 | 9  | 8  | 7  | 6  |
| W                 | M  | I  | D  | 0  | 0  | 1  | 7  | 2  | 2  |
| 1                 | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 |
| 11                | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

|                         |                         |                         |                         |                         |                   |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------|
| 1<br>F 0 0 1<br>23 - 26 | 2<br>F 0 0 2<br>23 - 26 | 3<br>F 0 0 3<br>23 - 26 | 4<br>F 0 0 5<br>23 - 26 | 5<br>F 0 1 0<br>23 - 26 | 6<br><br>23 - 26  |
| 7<br>P 1 0 6<br>23 - 26 | 8<br><br>23 - 26        | 9<br><br>23 - 26        | 10<br><br>23 - 26       | 11<br><br>23 - 26       | 12<br><br>23 - 26 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

|                   |                   |                   |                   |                   |                   |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 13<br><br>23 - 26 | 14<br><br>23 - 26 | 15<br><br>23 - 26 | 16<br><br>23 - 26 | 17<br><br>23 - 26 | 18<br><br>23 - 26 |
| 19<br><br>23 - 26 | 20<br><br>23 - 26 | 21<br><br>23 - 26 | 22<br><br>23 - 26 | 23<br><br>23 - 26 | 24<br><br>23 - 26 |
| 25<br><br>23 - 26 | 26<br><br>23 - 26 | 27<br><br>23 - 26 | 28<br><br>23 - 26 | 29<br><br>23 - 26 | 30<br><br>23 - 26 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 31<br>U 0 1 9<br>23 - 26 | 32<br>U 0 4 4<br>23 - 26 | 33<br>U 1 5 4<br>23 - 26 | 34<br>U 1 5 9<br>23 - 26 | 35<br>U 2 2 0<br>23 - 26 | 36<br>U 2 2 6<br>23 - 26 |
| 37<br>U 2 2 8<br>23 - 26 | 38<br>U 2 3 9<br>23 - 26 | 39<br>P 1 0 6<br>23 - 26 | 40<br><br>23 - 26        | 41<br><br>23 - 26        | 42<br><br>23 - 26        |
| 43<br><br>23 - 26        | 44<br><br>23 - 26        | 45<br><br>23 - 26        | 46<br><br>23 - 26        | 47<br><br>23 - 26        | 48<br><br>23 - 26        |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

|                   |                   |                   |                   |                   |                   |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 49<br><br>23 - 26 | 50<br><br>23 - 26 | 51<br><br>23 - 26 | 52<br><br>23 - 26 | 53<br><br>23 - 26 | 54<br><br>23 - 26 |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☒ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

# X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

|                                  |  |                        |
|----------------------------------|--|------------------------|
| SIGNATURE<br><i>John G Lewis</i> | NAME & OFFICIAL TITLE (type or print)<br>Manager Facility &<br>Manufacturing Staff Support | DATE SIGNED<br>8/15/80 |
|----------------------------------|--|------------------------|

EPA Form 8700-12 (6-80) REVERSE

We believe that this information is correct to the best of our knowledge in accordance with our interpretation of the regulations at this time.

IX. DESCRIPTION OF HAZARDOUS WASTES

HAZARDOUS WASTES SCHEDULED FOR JUNE PROMULGATION

Hazardous waste from non-specific sources

EPA Hazardous Waste Number - F017

Paint residues generated from industrial painting

5HS-JCK-13

JAN 14 1986

Mr. Richard Hagan  
Facilities Manager  
Vickers Incorporated  
1401 Crooks Road  
Troy, Michigan 48064

RE: Withdrawal of Part A  
(Storage less than 90 days)  
Vickers, Inc.  
NID 001 722 552

Dear Mr. Hagan:

This is to acknowledge receipt of your June 10, 1985, letter requesting the withdrawal of the Part A Hazardous Waste Permit Application for the referenced facility and a "change in status".

We will now publicly notice your certification of closure and request for change in status. Upon completion of the public notice period, and upon review of any comments, we will notify you in writing of your regulatory status.

Please contact Diane M. Spencer of my staff, at (312) 886-3740, if you have any questions regarding this matter.

Sincerely,

ORIGINAL SIGNED BY  
Y. J. KIM

*for*  
Edith M. Ardiente  
Chief, Technical Programs Section

cc: Alan J. Howard, MONR

5HS-JCK-13:WMD:SWB:TPS-MI:D.Spencer:G.Words:DISK NO. #1:DRAFTED:12/17/85:  
CORRECTION:1/9/86

|               | TYP.                         | AUTH.                       | IL.<br>CHIEF | IN.<br>CHIEF | MI.<br>CHIEF               | MN/WI<br>CHIEF | OH.<br>CHIEF | TPS<br>CHIEF                 | WMB<br>CHIEF | WMD<br>DIR |
|---------------|------------------------------|-----------------------------|--------------|--------------|----------------------------|----------------|--------------|------------------------------|--------------|------------|
| INIT.<br>DATE | <i>J.W.</i><br><i>1/9/86</i> | <i>DMS</i><br><i>1/9/86</i> |              |              | <i>RT</i><br><i>1/9/86</i> |                |              | <i>CPK</i><br><i>1/13/86</i> |              |            |



p 235 350 068

5HS-13

10 JAN 1986

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Mr. Richard Hagan  
Facilities Manager  
Vickers Incorporated  
1401 Crooks Road  
Troy, Michigan 48084

RE: Corrective Action  
Vickers Incorporated  
MID 001 722 552

Dear Mr. Hagan:

As you know, you have previously submitted Part A of the Resource Conservation and Recovery Act (RCRA) permit application for the above-referenced facility. Timely submission of "the Part A" has allowed most hazardous waste management facilities to continue to operate under RCRA "interim status", while complying with applicable 40 CFR Part 265 standards.

On November 8, 1984, the Hazardous and Solid Waste Amendments of 1984 (the 1984 Amendments) were enacted to modify RCRA. Under the 1984 Amendments, all RCRA permits issued after the date of enactment must provide for corrective action for all releases of hazardous waste or hazardous waste constituents from any solid waste management unit, regardless of the time at which waste was placed in the unit. In addition, all interim status facilities are subject to corrective action requirements, regardless of whether they have 1) submitted a Part B application, 2) submitted a closure plan, 3) reverted to generator status only, 4) actually closed, or 5) none of these. Unless our Agency has formally terminated the facility's interim status, the corrective action requirements apply. Please note that both hazardous and non-hazardous waste can meet the definition of solid waste under 40 CFR 261.2.



We must determine whether releases of hazardous waste or hazardous waste constituents have ever occurred at the above-referenced facility site. If they have, we must ensure that corrective actions either have been taken or will be taken to eliminate threats to public health or the environment. An important element in our decision process is the information that you provide on the enclosed certification statement. Please read it carefully and either sign it and return it, or return it unsigned with a cover letter of explanation, within 45 days of the date of this letter. At some point in time, public input will be sought to either confirm or deny information you provide, or information we gather on our own, concerning releases and corrective actions.

Sincerely yours



David A. Stringham  
Chief, Solid Waste Branch

Enclosure

|      | W.P.     | W.M.     | L<br>CHIEF | IL<br>CHIEF | IL<br>CHIEF | WIL/PA<br>CHIEF | IL<br>CHIEF | TPS<br>CHIEF | WMS<br>CHIEF | WMS<br>DIR |
|------|----------|----------|------------|-------------|-------------|-----------------|-------------|--------------|--------------|------------|
| DATE | 11/18/86 | 11/19/86 |            |             | 11/10/86    |                 |             |              |              |            |

PS Form 3811, July 1983 447-845

**SENDER: Complete items 1, 2, 3 and 4.**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

**3. Article Addressed to:**

MR. RICHARD HAGAN  
VICKERS INCORPORATED  
1401 CROOKS ROAD  
TROY, MICHIGAN 48084

**4. Type of Service:**

- ☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

**Article Number**

P 235 350 068

Always obtain signature of addressee or agent and **DATE DELIVERED.**

**5. Signature - Addressee**

*[Signature]*

**6. Signature - Agent**

X

**7. Date of Delivery**

1/12/86

**8. Addressee's Address (ONLY if requested and fee paid)**

DOMESTIC RETURN RECEIPT

5HS-JCK-13:WMD:SWB:TPS:MICHIGAN  
P 235 350 068  
D. SPENCER:6-3740:

**RECEIPT FOR CERTIFIED MAIL**

VICKERS, INC MID 001722552

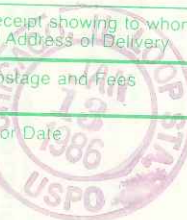
NOT FOR INTERNATIONAL MAIL

(See Reverse)

\* U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

|   |                      |
|---|----------------------|
| Sent to   | MR. HAGAN            |
| Street and No.  | 1401 CROOKS ROAD     |
| P.O., State and ZIP Code                                      | TROY, MICHIGAN 48084 |
| Postage   | \$ 22                |
| Certified Fee   | 75                   |
| Special Delivery Fee  |                      |
| Restricted Delivery Fee                                       |                      |
| Return Receipt showing to whom and Date Delivered             | 70                   |
| Return Receipt showing to whom, Date, and Address of Delivery |                      |
| TOTAL Postage and Fees  | \$ 1.67              |
| Postmark or Date  |                      |



5HS-JCK-13:WMD:SWB:TPS:MICHIGAN  
D.SPENCER:6-3740

**UNITED STATES POSTAL SERVICE  
OFFICIAL BUSINESS**

**SENDER INSTRUCTIONS**

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE  
USE, \$300

**RETURN  
TO**



VICKERS INCORPORATED

United States  
Environmental Protection Agency  
Region V  
230 South Dearborn Street  
Chicago, Illinois 60604

MID 001 722 552



**VICKERS**

VICKERS, INCORPORATED  
1401 CROOKS ROAD  
TROY, MICHIGAN 48064

**OFFICE COPY**

June 10, 1985

**RECEIVED**

JUN 14 1985

U.S. Environmental Protection Agency  
Waste Management Division  
230 S. Dearborn  
Chicago, Illinois 60604  
Attn: Mr. James Mayka

SOLID WASTE BRANCH  
U.S. EPA, REGION V

Jim, per our phone conversation, we have enclosed a completed "Request For Change In Status" form for your review.

We are submitting this request along with another copy of our original letter of request dated July 26, 1984 to obtain U.S. Environmental Protection Agency and the State of Michigan Department of Natural Resources approval to withdraw our intrim status as a T.S.D.F. Facility.

We understand this approval process may take up to 60 days. Please call me with any questions you may have.



R. HAGAN  
FACILITY MANAGER

HAZARDOUS WASTE PERMIT APPLICATION
Form Approved OMB No. 100-00000
I. EPA I.D. NUMBER
F M I D 0 0 1 7 2 2 5 5 2

II. FIRST OR REVISED APPLICATION
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application.
A. FIRST APPLICATION
1. EXISTING FACILITY
2. NEW FACILITY

III. PROCESSES - CODES AND DESIGN CAPACITIES
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility.
B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.
1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used.

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

Table with 10 columns: LINE NUMBER, A. PROCESS CODE, B. PROCESS DESIGN CAPACITY (1. AMOUNT, 2. UNIT OF MEASURE), FOR OFFICIAL USE ONLY. Includes entries for X-1, X-2, and lines 1-4.

## II. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR DESCRIBING OTHER PROCESSES (code " "). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

### V. DESCRIPTION OF HAZARDOUS WASTES

1. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

2. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

3. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE  
POUNDS ..... P  
TONS ..... T

METRIC UNIT OF MEASURE CODE  
KILOGRAMS ..... K  
METRIC TONS ..... M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

### D. PROCESSES

#### 1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. **PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| LINE NO. | A. EPA HAZARDOUS WASTE NO.<br>(enter code) |   |   |   | B. ESTIMATED ANNUAL QUANTITY OF WASTE |  | C. UNIT OF MEASURE<br>(enter code) |  | D. PROCESSES                |   |   |   |   |  |                     |  |  |  |
|----------|--|---|---|---|---------------------------------------|--|------------------------------------|--|-----------------------------|---|---|---|---|--|---------------------|--|--|--|
|          |  |   |   |   |                                       |  |                                    |  | 1. PROCESS CODES<br>(enter) |   |   |   |   | 2. PROCESS DESCRIPTION<br>(if a code is not entered in D(1)) |                     |  |  |  |
| X-1      | K  | 0 | 5 | 4 | 900                                   |  | P                                  |  | T                           | 0 | 3 | D | 8 | 0  |                     |  |  |  |
| X-2      | D  | 0 | 0 | 2 | 400                                   |  | P                                  |  | T                           | 0 | 3 | D | 8 | 0  |                     |  |  |  |
| X-3      | D  | 0 | 0 | 1 | 100                                   |  | P                                  |  | T                           | 0 | 3 | D | 8 | 0  |                     |  |  |  |
| X-4      | D  | 0 | 0 | 2 |                                       |  |                                    |  |                             |   |   |   |   |  | included with above |  |  |  |





VICKERS, INCORPORATED  
1401 CROOKS ROAD  
TROY, MICHIGAN 48084

July 26, 1984

U.S. Environmental Protection Agency  
RCRA Activities Region V  
PO. Box A-3587  
Chicago, Illinois 60690  
Mail Code 5H13  
Attn: Mr. Hugo Berston

Re: Revised RCRA Permit Application, Part A Form 1 & 3  
EPA 1.D.#MID001722552 *G, TRS, TSD, PA*

In accordance with your recent request we have enclosed subject applications with appropriate revisions and signature authority.

Since our submittal of the original Part A application in November 1980, there has been a few changes in our Hazardous Waste Activity.

The first change was in the ownership of the Company which was reflected in a revised Part A Form 1 application (copy enclosed) submitted to your office in December 19, 1983.

The second change concerns Part A Form 3 "Hazardous Waste Information." A revised application (copy enclosed) was prepared to reflect a current signature authority, revised Description of Hazardous Waste and Processes. The following is a explanation of the changes on this form:

Page 1 of 5 - Delete Item III-C line 1. This item was listed with the anticipation of using the tank as a storage container. However, this was not done and never will be used to store Hazardous Waste in the future. We will continue as indicated on the revised form to store all Hazardous Waste in 55 gallon DOT approved drums.

Page 2 of 5 - No change.

Page 3 of 5 - Revised item IV Estimated Quantity from 19 line items to 15 line items. The original list was prepared with the anticipation of need based on the best information we had at the time. The new list represents our present activity in this area.

Page 4 of 5 - The Facility Drawing and Photographs (Items V & VI) previously submitted with our original application may be used as reference with this revised form. We have not made any changes in the general layout of the Facility or storage areas.

RECEIVED  
AUG 09 1984  
WMD-RAIU  
EPA, REGION V

The final change which brings us up to date concerns Accumulation Time 40 CFR 262.34.

We are requesting to withdraw our interim status as a TSDF Facility. We will continue to be a Generator and will not accumulate hazardous waste on site for more than 90 days. We will operate in full compliance with 262.34, paragraphs 1, 2, 3, & 4. As a Generator we will operate within the Process Code, Process Design Capacity, Description of Hazardous Waste, Storage Methods, and Facility location as described on our revised Part A Form 3.

We will be awaiting your acknowledgement of this request. Please contact me with any questions you may have.



R. J. Hagan  
Facility Manager

vjr

Enclosure

cc:(With Enclosure): Mr. Del Rector  
Hazardous Waste Divison  
Department of Natural Resources  
Stevens T. Mason Bldg.  
Box 30028  
Lansing, Michigan 48909

R.E. Vorthmann - Omaha  
B.J. Schultz - Troy

|   |  |  |
|---|--|--|
| <b>FORM 1</b><br><b>GENERAL</b>   | <br><b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b><br><b>GENERAL INFORMATION</b><br>Consolidated Permits Program<br><i>(Read the "General Instructions" before starting.)</i>   | <b>I. EPA I.D. NUMBER</b><br><div style="border: 1px solid black; padding: 2px;">             F M I D O O J 7 2 2 5 5 2           </div> |
| <b>LABEL ITEMS</b><br>EPA I.D. NUMBER<br>III. FACILITY NAME<br>V. FACILITY MAILING ADDRESS<br>VI. FACILITY LOCATION | <div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <b>RECEIVED</b><br/> <b>PLEASE PLACE LABEL IN THIS SPACE</b><br/> <div style="text-align: center; margin-top: 10px;">             AUG 10 1984<br/>             WMD-RAIU<br/>             EPA, REGION V           </div> </div> |  |

**GENERAL INSTRUCTIONS**

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

| SPECIFIC QUESTIONS   | MARK "X" |    |               | SPECIFIC QUESTIONS   | MARK "X" |    |               |
|--|----------|----|---------------|--|----------|----|---------------|
|  | YES      | NO | FORM ATTACHED |  | YES      | NO | FORM ATTACHED |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)   |          | X  |               | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)  |          | X  |               |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)  |          | X  |               | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)  |          | X  |               |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)   |          | X  |               | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)   |          | X  |               |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) |          | X  |               | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)  |          | X  |               |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)                 |          | X  |               | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) |          | X  |               |

**III. NAME OF FACILITY**

|   |      |                         |
|---|------|-------------------------|
| 1 | SKIP | V I C K E R S - T R O Y |
|---|------|-------------------------|

**IV. FACILITY CONTACT**

| A. NAME & TITLE (last, first, & title)          | B. PHONE (area code & no.) |
|---|----------------------------|
| 2 H A G A N R I C H A R D F A C I L I T Y M G R | 3 1 3 2 8 0 3 4 8 4        |

**V. FACILITY MAILING ADDRESS**

|                           |  |          |             |
|---------------------------|--|----------|-------------|
| A. STREET OR P.O. BOX     |  |          |             |
| 3 1 4 0 1 C R O O K S R D |  |          |             |
| B. CITY OR TOWN           |  | C. STATE | D. ZIP CODE |
| 4 T R O Y                 |  | M I      | 4 8 0 8 4   |

**VI. FACILITY LOCATION**

|   |  |                           |             |
|---|--|---------------------------|-------------|
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER |  |                           |             |
| 5 1 4 0 1 C R O O K S R D                         |  |                           |             |
| B. COUNTY NAME                                    |  |                           |             |
| O A K L A N D                                     |  |                           |             |
| C. CITY OR TOWN                                   |  | D. STATE                  | E. ZIP CODE |
| 6 T R O Y   |  | M I                       | 4 8 0 8 4   |
|   |  | F. COUNTY CODE (if known) |             |
|   |  | N/A                       |             |



CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

| A. FIRST |   |   |   |   |  |   |   |   |   | B. SECOND |   |  |  |  |  |  |  |  |  |
|----------|---|---|---|---|--|---|---|---|---|-----------|---|--|--|--|--|--|--|--|--|
| 7        | 3 | 5 | 6 | 1 | (specify)<br>Fluid Power Pumps & Motors                                  | 7 | 3 | 4 | 9 | 4         | (specify)<br>Fluid Power Pumps & Regulators |  |  |  |  |  |  |  |  |
| C. THIRD |   |   |   |   |  |   |   |   |   | D. FOURTH |   |  |  |  |  |  |  |  |  |
| 7        | 3 | 5 | 6 | 9 | (specify)<br>Fluid Power System<br>Filter Packaged Hydraulic Power Units | 7 |   |   |   |           | (specify)                                   |  |  |  |  |  |  |  |  |

## VIII. OPERATOR INFORMATION

| A. NAME  |  |             |                     |   |           |   |   |   |   | B. Is the name listed in Item V(II-A) also the owner? |   |             |   |   |   |   |  |  |  |
|--|--|-------------|---------------------|---|-----------|---|---|---|---|---|---|-------------|---|---|---|---|--|--|--|
| 8  | V  | I           | C                   | K | E         | R | S | I | N | C.  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |             |   |   |   |   |  |  |  |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) |  |             |                     |   |           |   |   |   |   | D. PHONE (area code & no.)                            |   |             |   |   |   |   |  |  |  |
| F - FEDERAL  | M - PUBLIC (other than federal or state) | P - PRIVATE | O - OTHER (specify) | P | (specify) | A | 3 | 1 | 3 | 2   | 8   | 0           | 3 | 0   | 0 | 0 |  |  |  |
| E. STREET OR P.O. BOX  |  |             |                     |   |           |   |   |   |   |   |   |             |   |   |   |   |  |  |  |
| 1401 CROOKS RD.  |  |             |                     |   |           |   |   |   |   |   |   |             |   |   |   |   |  |  |  |
| F. CITY OR TOWN  |  |             |                     |   |           |   |   |   |   | G. STATE  |   | H. ZIP CODE |   | IX. INDIAN LAND   |   |   |  |  |  |
| TROY   |  |             |                     |   |           |   |   |   |   | MI  |   | 48084       |   | Is the facility located on Indian lands?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |   |   |  |  |  |

## X. EXISTING ENVIRONMENTAL PERMITS

| A. NPDES (Discharges to Surface Water)   |   |      |   |   |      |  |  |  |  | D. PSD (Air Emissions from Proposed Sources) |  |  |  |  |  |  |  |  |  |
|--|---|------|---|---|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 9  | N | A.   | 9 | P | N/A. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| B. UIC (Underground Injection of Fluids) |   |      |   |   |      |  |  |  |  | E. OTHER (specify)                           |  |  |  |  |  |  |  |  |  |
| 9  | U | N/A. | 9 |   | N/A. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C. RCRA (Hazardous Wastes)               |   |      |   |   |      |  |  |  |  | E. OTHER (specify)                           |  |  |  |  |  |  |  |  |  |
| 9  | R | N/A. | 9 |   | N/A. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Administrative, Engineering and Development Center for Vickers, Incorporated. Vickers Incorporated is a manufacturer of hydraulic pumps, motors, and valves in its U.S. factories. The Troy location is not used for manufacturing products for shipment to customers.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| A. NAME & OFFICIAL TITLE (type or print)              | B. SIGNATURE              | C. DATE SIGNED |
|---|---------------------------|----------------|
| Theodore N. Duncan, President<br>Vickers Incorporated | <i>Theodore N. Duncan</i> | 8-1-84         |

## COMMENTS FOR OFFICIAL USE ONLY

| C |
|---|
|   |



| FORM 3 RCRA   |                            | U.S. ENVIRONMENTAL PROTECTION AGENCY<br>HAZARDOUS WASTE PERMIT APPLICATION<br>Consolidated Permits Program<br>(This information is required under Section 3005 of RCRA.) |  | I. EPA I.D. NUMBER<br>F M I D 0 0 1 7 2 2 5 5 2  |                            |
|---|----------------------------|--|--|--|----------------------------|
| FOR OFFICIAL USE ONLY   |                            |  |  | COMMENTS   |                            |
| APPLICATION APPROVED  |                            | DATE RECEIVED (yr., mo., & day)  |  |  |                            |
| 23  |                            | 24   |  | 25   |                            |
| II. FIRST OR REVISED APPLICATION  |                            |  |  |  |                            |
| Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.  |                            |  |  |  |                            |
| A. FIRST APPLICATION (place an "X" below and provide the appropriate date)  |                            |  |  |  |                            |
| <input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)  |                            |  |  |  |                            |
| <input type="checkbox"/> 2. NEW FACILITY (Complete item below.)   |                            |  |  |  |                            |
| FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)  |                            |  |  |  |                            |
| FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN  |                            |  |  |  |                            |
| B. REVISED APPLICATION (place an "X" below and complete Item I above)   |                            |  |  |  |                            |
| <input checked="" type="checkbox"/> 1. FACILITY HAS INTERIM STATUS  |                            |  |  |  |                            |
| <input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT  |                            |  |  |  |                            |
| III. PROCESSES - CODES AND DESIGN CAPACITIES  |                            |  |  |  |                            |
| A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C). |                            |  |  |  |                            |
| B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.   |                            |  |  |  |                            |
| 1. AMOUNT - Enter the amount.   |                            |  |  |  |                            |
| 2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.  |                            |  |  |  |                            |
| PROCESS   |                            | PRO-<br>CESS<br>CODE   | APPROPRIATE UNITS OF<br>MEASURE FOR PROCESS<br>DESIGN CAPACITY | PROCESS  | PRO-<br>CESS<br>CODE       |
| Storage:  |                            |  |  | Treatment:   |                            |
| CONTAINER (barrel, drum, etc.)  | S01                        | GALLONS OR LITERS  |  | TANK   | T01                        |
| TANK  | S02                        | GALLONS OR LITERS  |  | SURFACE IMPOUNDMENT  | T02                        |
| WASTE PILE  | S03                        | CUBIC YARDS OR<br>CUBIC METERS   |  | INCINERATOR  | T03                        |
| SURFACE IMPOUNDMENT   | S04                        | GALLONS OR LITERS  |  |  |                            |
| Disposal:   |                            |  |  |  |                            |
| INJECTION WELL  | D79                        | GALLONS OR LITERS  |  |  |                            |
| LANDFILL  | D80                        | ACRE-FEET (the volume that<br>would cover one acre to a<br>depth of one foot) OR<br>HECTARE-METER  |  | OTHER (Use for physical, chemical,<br>thermal or biological treatment<br>processes not occurring in tanks,<br>surface impoundments or inciner-<br>ators. Describe the processes in<br>the space provided; Item III-C.) | T04                        |
| LAND APPLICATION  | D81                        | ACRES OR HECTARES  |  |  |                            |
| OCEAN DISPOSAL  | D82                        | GALLONS PER DAY OR<br>LITERS PER DAY   |  |  |                            |
| SURFACE IMPOUNDMENT   | D83                        | GALLONS OR LITERS  |  |  |                            |
| UNIT OF MEASURE   | UNIT OF<br>MEASURE<br>CODE | UNIT OF MEASURE  | UNIT OF<br>MEASURE<br>CODE                                     | UNIT OF MEASURE  | UNIT OF<br>MEASURE<br>CODE |
| GALLONS   | G                          | LITERS PER DAY   | V  | ACRE-FEET  | A                          |
| LITERS  | L                          | TONS PER HOUR  | D  | HECTARE-METER  | F                          |
| CUBIC YARDS   | Y                          | METRIC TONS PER HOUR   | W  | ACRES  | B                          |
| CUBIC METERS  | C                          | GALLONS PER HOUR   | E  | HECTARES   | Q                          |
| GALLONS PER DAY   | U                          | LITERS PER HOUR  | H  |  |                            |
| EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.  |                            |  |  |  |                            |
| S T A C<br>C DUP 1  |                            |  |  |  |                            |
| B. PROCESS DESIGN CAPACITY  |                            |  |  |  |                            |
| A. PRO-<br>CESS<br>CODE<br>(from list<br>above)   |                            | 1. AMOUNT<br>(specify)   |  | 2. UNIT<br>OF MEA-<br>SURE<br>(enter<br>code)  |                            |
| X-1 S 0 2   |                            | 600  |  | G  |                            |
| X-2 T 0 3   |                            | 20   |  | E  |                            |
| 1 S 0 1   |                            | 7500   |  | G  |                            |
| 3   |                            |  |  |  |                            |
| 4   |                            |  |  |  |                            |
| B. PROCESS DESIGN CAPACITY  |                            |  |  |  |                            |
| A. PRO-<br>CESS<br>CODE<br>(from list<br>above)   |                            | 1. AMOUNT  |  | 2. UNIT<br>OF MEA-<br>SURE<br>(enter<br>code)  |                            |
| 5   |                            |  |  |  |                            |
| 6   |                            |  |  |  |                            |
| 7   |                            |  |  |  |                            |
| 8   |                            |  |  |  |                            |
| 9   |                            |  |  |  |                            |
| 10  |                            |  |  |  |                            |



**III. PROCESSES (continued)**

**C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.**

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

**ENGLISH UNIT OF MEASURE**      **CODE**  
 POUNDS..... P  
 TONS..... T

**METRIC UNIT OF MEASURE**      **CODE**  
 KILOGRAMS..... K  
 METRIC TONS..... M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| LINE<br>NO. | A. EPA<br>HAZARD.<br>WASTE NO.<br>(enter code) | B. ESTIMATED ANNUAL<br>QUANTITY OF WASTE | C. UNIT<br>OF MEA-<br>SURE<br>(enter<br>code) | D. PROCESSES                |  |
|-------------|--|--|---|-----------------------------|--|
|             |  |  |   | 1. PROCESS CODES<br>(enter) | 2. PROCESS DESCRIPTION<br>(if a code is not entered in D(1)) |
| X-1         | K 0 5 4  | 900                                      | P   | T 0 3 D 8 0                 |  |
| X-2         | D 0 0 2  | 400                                      | P   | T 0 3 D 8 0                 |  |
| X-3         | D 0 0 1  | 100                                      | P   | T 0 3 D 8 0                 |  |
| X-4         | D 0 0 2  |  |   |                             | included with above  |



Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

| EPA I.D. NUMBER (enter from page 1)   |                                       |                                       |                                 |                          |    |    |    |    |    |    |    |   | FOR OFFICIAL USE ONLY   |    |    |    |    |    |    |    |    |    |    |    |    |  |
|---|---------------------------------------|---------------------------------------|---------------------------------|--------------------------|----|----|----|----|----|----|----|---|---|----|----|----|----|----|----|----|----|----|----|----|----|--|
| <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">S</div> <div style="border: 1px solid black; padding: 2px;">W</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">T/A</div> <div style="border: 1px solid black; padding: 2px;">C</div> </div> </div> |                                       |                                       |                                 |                          |    |    |    |    |    |    |    |   | <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">S</div> <div style="border: 1px solid black; padding: 2px;">W</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">T/A</div> <div style="border: 1px solid black; padding: 2px;">C</div> </div> </div> |    |    |    |    |    |    |    |    |    |    |    |    |  |
| M I D O O 1 7 2 2 5 5 2   |                                       |                                       |                                 |                          |    |    |    |    |    |    |    |   | DUP   |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 1 2 13 14 15  |                                       |                                       |                                 |                          |    |    |    |    |    |    |    |   | 1 2 13 14 15 23 - 26  |    |    |    |    |    |    |    |    |    |    |    |    |  |
| DESCRIPTION OF HAZARDOUS WASTES (continued)   |                                       |                                       |                                 |                          |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
| LINE NO.  | A. EPA HAZARD. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES             |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
|   |                                       |                                       |                                 | 1. PROCESS CODES (enter) |    |    |    |    |    |    |    | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
|   |                                       |                                       |                                 | 23                       | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31  | 32  | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 |  |
| 1   | F 0 0 1                               | 4868                                  | P                               |                          |    |    |    |    |    |    |    |   |   |    |    |    | S  | 0  | 1  |    |    |    |    |    |    |  |
| 2   | F 0 0 3                               | 438                                   | P                               |                          |    |    |    |    |    |    |    |   |   |    |    |    | S  | 0  | 1  |    |    |    |    |    |    |  |
| 3   | D 0 0 1                               | 12617                                 | P                               |                          |    |    |    |    |    |    |    |   |   |    |    |    | S  | 0  | 1  |    |    |    |    |    |    |  |
| 4   | U 0 0 2                               | 26                                    | P                               |                          |    |    |    |    |    |    |    |   |   |    |    |    | S  | 0  | 1  |    |    |    |    |    |    |  |
| 5   | U 2 3 9                               | 4                                     | P                               |                          |    |    |    |    |    |    |    |   |   |    |    |    | S  | 0  | 1  |    |    |    |    |    |    |  |
| 6   | U 2 2 0                               | 1                                     | P                               |                          |    |    |    |    |    |    |    |   |   |    |    |    | S  | 0  | 1  |    |    |    |    |    |    |  |
| 7   | U 0 1 9                               | 6                                     | P                               |                          |    |    |    |    |    |    |    |   |   |    |    |    | S  | 0  | 1  |    |    |    |    |    |    |  |
| 8   | U 0 3 1                               | 1                                     | P                               |                          |    |    |    |    |    |    |    |   |   |    |    |    | S  | 0  | 1  |    |    |    |    |    |    |  |
| 9   | U 0 4 4                               | 24                                    | P                               |                          |    |    |    |    |    |    |    |   |   |    |    |    | S  | 0  | 1  |    |    |    |    |    |    |  |
| 10  | U 1 1 2                               | 1                                     | P                               |                          |    |    |    |    |    |    |    |   |   |    |    |    | S  | 0  | 1  |    |    |    |    |    |    |  |
|   | U 1 9 6                               | 1                                     | P                               |                          |    |    |    |    |    |    |    |   |   |    |    |    | S  | 0  | 1  |    |    |    |    |    |    |  |
| 12  | P 1 0 6                               | 2                                     | P                               |                          |    |    |    |    |    |    |    |   |   |    |    |    | S  | 0  | 1  |    |    |    |    |    |    |  |
| 13  | U 1 5 4                               | 42                                    | P                               |                          |    |    |    |    |    |    |    |   |   |    |    |    | S  | 0  | 1  |    |    |    |    |    |    |  |
| 14  | D 0 0 3                               | 166                                   | P                               |                          |    |    |    |    |    |    |    |   |   |    |    |    | S  | 0  | 1  |    |    |    |    |    |    |  |
| 15  | U 1 6 9                               | 2                                     | P                               |                          |    |    |    |    |    |    |    |   |   |    |    |    | S  | 0  | 1  |    |    |    |    |    |    |  |
| 16  |                                       |                                       |                                 |                          |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 17  |                                       |                                       |                                 |                          |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 18  |                                       |                                       |                                 |                          |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 19  |                                       |                                       |                                 |                          |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 20  |                                       |                                       |                                 |                          |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 21  |                                       |                                       |                                 |                          |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 22  |                                       |                                       |                                 |                          |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 23  |                                       |                                       |                                 |                          |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
|   |                                       |                                       |                                 |                          |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 25  |                                       |                                       |                                 |                          |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 26  |                                       |                                       |                                 |                          |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |



**IV. DESCRIPTION OF HAZARDOUS WASTES (continued)****E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

|   |   |   |   |   |   |   |   |   |    |    |    |    |    |     |    |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|-----|----|
| S | F | M | I | D | 0 | 0 | 1 | 7 | 2  | 2  | 5  | 5  | 2  | T/A | C  |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15  | 16 |

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 4  | 2  | 3  | 2  | 3  | 4  |
| 55 | 56 | 57 | 58 | 59 | 71 |

LONGITUDE (degrees, minutes, &amp; seconds)

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 8  | 3  | 1  | 0  | 3  | 6  |
| 72 | 74 | 75 | 76 | 77 | 79 |

**VIII. FACILITY OWNER**☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

|                       |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |             |  |  |  |
|-----------------------|--|--|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|--|--|----------|--|--|--|-------------|--|--|--|
| 3. STREET OR P.O. BOX |  |  |  |  |  |  |  |  |  |  |  | 4. CITY OR TOWN |  |  |  |  |  |  |  |  |  |  |  | 5. ST.   |  |  |  | 6. ZIP CODE |  |  |  |
| F                     |  |  |  |  |  |  |  |  |  |  |  | G               |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |             |  |  |  |
| 15 16                 |  |  |  |  |  |  |  |  |  |  |  | 45 15 16        |  |  |  |  |  |  |  |  |  |  |  | 40 41 42 |  |  |  | 47 - 51     |  |  |  |

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Theodore N. Duncan, President  
Vickers Incorporated

B. SIGNATURE

Theodore N. Duncan

C. DATE SIGNED

8-1-84

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Theodore N. Duncan, President  
Vickers Incorporated

B. SIGNATURE

Theodore N. Duncan

C. DATE SIGNED

8-1-84

**VICKERS**

VICKERS, INCORPORATED  
1401 CROOKS ROAD  
TROY, MICHIGAN 48064

July 31, 1984

Mr. Del Rector  
Hazardous Waste Division  
Department of Natural Resources  
Stevens T. Mason Building  
Box 30028  
Lansing, Michigan 48909

Subject: Hazardous Waste Storage Status  
EPA ID# MI D001722552

We are requesting to withdraw our interim status as a Storage Facility in the State of Michigan.

Since our notification on June 28, 1983 (copy enclosed) to continue to operate as a Storage Facility, we have made arrangements with an authorized transporter to pick-up all of our Hazardous Waste on a regular basis. We no longer have a need to carry out storage activity for more than 90 days. All waste will continue to be either recycled, reclaimed, or disposed of at an authorized disposal site.

We will continue to be a Generator and will not accumulate hazardous waste on site for more than 90 days. We will operate in full compliance with RCRA and State of Michigan Act 64 governing Generators of hazardous waste.

Enclosed are revised copies of EPA Hazardous Waste Permit Applications Part A Forms 1 & 3 for your files.

We will be awaiting your acknowledgement of this request. Please contact me with any questions you may have.

R. J. Hagan  
Facility Manager

v  
Enclosure  
cc: B. J. Schultz  
R. E. Vorthmann



VICKERS, INCORPORATED  
1401 CROOKS ROAD  
TROY, MICHIGAN 48064

July 26, 1984

U.S. Environmental Protection Agency  
RCRA Activities Region V  
PO. Box A-3587  
Chicago, Illinois 60690  
Mail Code 5H13  
Attn: Mr. Hugo Berston

Re: Revised RCRA Permit Application, Part A Form 1 & 3  
EPA I.D.#MID001722552

In accordance with your recent request we have enclosed subject applications with appropriate revisions and signature authority.

Since our submittal of the original Part A application in November 1980, there has been a few changes in our Hazardous Waste Activity.

The first change was in the ownership of the Company which was reflected in a revised Part A Form 1 application (copy enclosed) submitted to your office in December 19, 1983.

The second change concerns Part A Form 3 "Hazardous Waste Information." A revised application (copy enclosed) was prepared to reflect a current signature authority, revised Description of Hazardous Waste and Processes. The following is a explanation of the changes on this form:

Page 1 of 5 - Delete Item III-C line 1. This item was listed with the anticipation of using the tank as a storage container. However, this was not done and never will be used to store Hazardous Waste in the future. We will continue as indicated on the revised form to store all Hazardous Waste in 55 gallon DOT approved drums.

Page 2 of 5 - No change.

Page 3 of 5 - Revised item IV Estimated Quantity from 19 line items to 15 line items. The original list was prepared with the anticipation of need based on the best information we had at the time. The new list represents our present activity in this area.

Page 4 of 5 - The Facility Drawing and Photographs (Items V & VI) previously submitted with our original application may be used as reference with this revised form. We have not made any changes in the general layout of the Facility or storage areas.

~~SECRET~~

The final change which brings us up to date concerns Accumulation Time 40 CFR 262.34.

We are requesting to withdraw our interim status as a TSDF Facility. We will continue to be a Generator and will not accumulate hazardous waste on site for more than 90 days. We will operate in full compliance with 262.34, paragraphs 1, 2, 3, & 4. As a Generator we will operate within the Process Code, Process Design Capacity, Description of Hazardous Waste, Storage Methods, and Facility location as described on our revised Part A Form 3.

We will be awaiting your acknowledgement of this request. Please contact me with any questions you may have.



R. J. Hagan  
Facility Manager

vjr

Enclosure

cc:(With Enclosure): Mr. Del Rector  
Hazardous Waste Division  
Department of Natural Resources  
Stevens T. Mason Bldg.  
Box 30028  
Lansing, Michigan 48909

R.E. Vorthmann - Omaha  
B.J. Schultz - Troy

april

# VICKERS

VICKERS, INCORPORATED  
1401 CROOKS ROAD  
TROY, MICHIGAN 48084  
TELEPHONE: (313) 280-2201

December 19, 1983

**THEODORE N. DUNCAN**  
President

## REGISTERED MAIL

Mr. Joseph Boyle  
EPA Region V  
RCRA Activities  
Federal Building - 5HW13  
230 South Dearborn Street  
Chicago, IL 60604

RECEIVED  
DEC 23 1983  
WASTE MANAGEMENT  
BRANCH

Re: RCRA Permit Application, Part A  
EPA I.D. No.: MID001722552 PA, G, TRS, TSD

Dear Mr. Boyle:

This is to notify you, pursuant to 40 CFR Part 270.72, of a proposed change in ownership of the following HWM facility within your jurisdiction:

Present Facility Name: Sperry Vickers  
Facility Location: 1401 Crooks Road  
Troy, MI 48084.

This facility is presently owned and operated by:

Sperry Corporation  
1290 Avenue of the Americas  
New York, NY 10104.

Effective January 1, 1984, or as soon thereafter as all required government approvals can be secured, Libbey-Owens-Ford Company will acquire this facility from Sperry Corporation through the purchase of all of the stock of Vickers, Incorporated, a Delaware corporation which is a wholly owned subsidiary of Sperry Corporation. Subsequent to that date, the owner-operator will be:

Vickers, Incorporated  
1401 Crooks Road  
Troy, MI 48084.

Enclosed with this letter is revised EPA Form 1 which reflects this change in ownership. This Form 1 is signed with the understanding that the applicable certification under Item XIII is not that printed on the form, but rather the following, adopted by revision of 40 CFR Part 270.11 on September 1, 1983:

RECEIVED  
12/28/83



"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

As there have been no changes in the description of our HWM practices provided in our previously filed EPA Form 3 for this facility, we are not now submitting a revision of that form.

After the transfer of ownership and operational control of this facility, Vickers, Incorporated and Libbey-Owens-Ford Company will submit to you evidence of compliance with the requirements of 40 CFR Part 265, Subpart H - Financial Requirements. It is anticipated that financial assurances for closure under §265.143 and for post-closure care under §265.145 will be established under the financial test and corporate guarantee provisions of those Sections, and that liability coverage under §265.147 will be demonstrated by a Certificate of Liability Insurance under paragraph (a)(1) of that Section. Until you have accepted such evidence, we understand that Sperry Corporation must continue to provide the required financial assurances and liability coverage.

We will keep you informed as this transaction proceeds. If you have any questions or comments, please direct them to the individual indicated in Item IV of Form 1.

Very truly yours,



Theodore N. Duncan

TND/PWF/jab/02051

Enclosure

cc (with enclosure):

Mr. Del Pector  
Hazardous Waste Division  
Dept. of Natural Resources  
Stevens T. Mason Bldg.  
Box 30028  
Lansing, MI 48909

L. J. Lyng/Vickers - Troy  
R. E. Vorthman/Vickers - Omaha  
R. Hagan/Vickers - Troy  
N. A. Athanitis/LOF - Toledo  
P. W. Fletcher/LOF - Toledo  
E. D. McGahren, Jr./Sperry - NY

| FORM 1<br>GENERAL   |  | U.S. ENVIRONMENTAL PROTECTION AGENCY<br><b>GENERAL INFORMATION</b><br><i>Consolidated Permits Program</i><br>(Read the "General Instructions" before starting.) |  | EPA I.D. NUMBER  |                    |
|---|--|---|--|--|--------------------|
| <b>EPA I.D. NUMBER</b>  |  | MID001722552  |  | <b>GENERAL INSTRUCTIONS</b>  |                    |
| <b>III. FACILITY NAME</b>   |  | VICKERS, INCORPORATED   |  | <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p> |                    |
| <b>V. FACILITY MAILING ADDRESS</b>  |  | 1401 CROOKS ROAD<br>TROY, MI 48084  |  |  |                    |
| <b>VI. FACILITY LOCATION</b>  |  | 1401 CROOKS ROAD<br>TROY, MI 48084  |  |  |                    |
| <b>II. POLLUTANT CHARACTERISTICS</b>  |  |   |  |  |                    |
| <p><b>INSTRUCTIONS:</b> Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.</p> |  |   |  |  |                    |
| <b>SPECIFIC QUESTIONS</b>   |  | <b>MARK 'X'</b>   |  | <b>SPECIFIC QUESTIONS</b>  |                    |
| <b>A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)</b>   |  | YES NO FORM ATTACHED  |  | <b>B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)</b>   |                    |
|   |  | X   |  |  |                    |
| <b>C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)</b>  |  | YES NO FORM ATTACHED  |  | <b>D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)</b>   |                    |
|   |  | X   |  |  |                    |
| <b>E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)</b>   |  | YES NO FORM ATTACHED  |  | <b>F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)</b>  |                    |
|   |  | X   |  |  |                    |
| <b>G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)</b>   |  | YES NO FORM ATTACHED  |  | <b>H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)</b>   |                    |
|   |  | X   |  |  |                    |
| <b>I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</b>   |  | YES NO FORM ATTACHED  |  | <b>J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</b>  |                    |
|   |  | X   |  |  |                    |
| <b>III. NAME OF FACILITY</b>  |  |   |  |  |                    |
| 1 SKIP VICKERS - TROY   |  |   |  |  |                    |
| <b>IV. FACILITY CONTACT</b>   |  |   |  |  |                    |
| <b>A. NAME &amp; TITLE (last, first, &amp; title)</b>   |  |   |  | <b>B. PHONE (area code &amp; no.)</b>  |                    |
| 2 HAGAN RICHARD FACILITY MGR  |  |   |  | 313 280 3484   |                    |
| <b>V. FACILITY MAILING ADDRESS</b>  |  |   |  |  |                    |
| <b>A. STREET OR P.O. BOX</b>  |  |   |  |  |                    |
| 3 1401 CROOKS ROAD  |  |   |  |  |                    |
| <b>B. CITY OR TOWN</b>  |  |   |  | <b>C. STATE</b>  | <b>D. ZIP CODE</b> |
| 4 TROY  |  |   |  | MI   | 48084              |
| <b>VI. FACILITY LOCATION</b>  |  |   |  |  |                    |
| <b>A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</b>  |  |   |  |  |                    |
| 5 1401 CROOKS ROAD  |  |   |  |  |                    |
| <b>B. COUNTY NAME</b>   |  |   |  |  |                    |
| OAKLAND   |  |   |  |  |                    |
| <b>C. CITY OR TOWN</b>  |  |   |  | <b>D. STATE</b>  | <b>E. ZIP CODE</b> |
| 6 TROY  |  |   |  | MI   | 48084              |
| <b>F. COUNTY CODE (if known)</b>  |  |   |  |  |                    |
| N/A   |  |   |  |  |                    |

CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

| A. FIRST |   |   |   |   |   |   |   |   |   | B. SECOND |   |  |  |  |  |  |  |  |  |
|----------|---|---|---|---|---|---|---|---|---|-----------|---|--|--|--|--|--|--|--|--|
| 7        | 3 | 5 | 6 | 1 | (specify) Fluid Power Pumps and Motors                                      | 7 | 3 | 4 | 9 | 4         | (specify) Fluid Power Valves and Regulators |  |  |  |  |  |  |  |  |
| C. THIRD |   |   |   |   |   |   |   |   |   | D. FOURTH |   |  |  |  |  |  |  |  |  |
| 7        | 3 | 5 | 6 | 9 | (specify) Fluid Power System Fluid Filter<br>Packaged Hydraulic Power Units | 7 |   |   |   |           | (specify)                                   |  |  |  |  |  |  |  |  |

## VIII. OPERATOR INFORMATION

| A. NAME  |   |   |   |   |   |   |   |   |   | B. Is the name listed in Item VIII-A also the owner? |   |             |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|--|---|-------------|---|---|---|---|---|---|---|---|---|
| 8  | V | I | C | K | E | R | S | , | I | N  | C | O           | R | P   | O | R | A | T | E | D | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)                     |   |   |   |   |   |   |   |   |   | D. PHONE (area code & no.)                           |   |             |   |   |   |   |   |   |   |   |   |
| F = FEDERAL      M = PUBLIC (other than federal or state)<br>S = STATE        O = OTHER (specify)      P (specify) |   |   |   |   |   |   |   |   |   | 3 1 3 2 8 0 3 0 0 0                                  |   |             |   |   |   |   |   |   |   |   |   |
| E. STREET OR P.O. BOX  |   |   |   |   |   |   |   |   |   |  |   |             |   |   |   |   |   |   |   |   |   |
| 1 4 0 1 C R O O K S R O A D  |   |   |   |   |   |   |   |   |   |  |   |             |   |   |   |   |   |   |   |   |   |
| F. CITY OR TOWN  |   |   |   |   |   |   |   |   |   | G. STATE   |   | H. ZIP CODE |   | IX. INDIAN LAND   |   |   |   |   |   |   |   |
| B T R O Y  |   |   |   |   |   |   |   |   |   | M I  |   | 4 8 0 8 4   |   | Is the facility located on Indian lands?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |   |   |   |   |   |   |   |

## X. EXISTING ENVIRONMENTAL PERMITS

| A. NPDES (Discharges to Surface Water)   |   |  |  |  |  |  |  |  |  | D. PSD (Air Emissions from Proposed Sources) |   |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|
| 9  | N |  |  |  |  |  |  |  |  | 9  | P |  |  |  |  |  |  |  |  |
| N/A                                      |   |  |  |  |  |  |  |  |  | N/A  |   |  |  |  |  |  |  |  |  |
| B. UIC (Underground Injection of Fluids) |   |  |  |  |  |  |  |  |  | E. OTHER (specify)                           |   |  |  |  |  |  |  |  |  |
| 9  | U |  |  |  |  |  |  |  |  | 9  |   |  |  |  |  |  |  |  |  |
| N/A                                      |   |  |  |  |  |  |  |  |  | N/A  |   |  |  |  |  |  |  |  |  |
| C. RCRA (Hazardous Wastes)               |   |  |  |  |  |  |  |  |  | E. OTHER (specify)                           |   |  |  |  |  |  |  |  |  |
| 9  | R |  |  |  |  |  |  |  |  | 9  |   |  |  |  |  |  |  |  |  |
| N/A                                      |   |  |  |  |  |  |  |  |  | N/A  |   |  |  |  |  |  |  |  |  |

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Administrative, Engineering and Development Center for Vickers, Incorporated. Vickers, Incorporated is a manufacturer of hydraulic pumps, motors, and valves in its U.S. factories. The Troy location is not used for manufacturing products for shipment to customers.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| A. NAME & OFFICIAL TITLE (type or print)               |  |  |  |  |  |  |  |  |  | B. SIGNATURE              |  |  |  |  |  |  |  |  |  | C. DATE SIGNED |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|
| Theodore N. Duncan, President<br>Vickers, Incorporated |  |  |  |  |  |  |  |  |  | <i>Theodore N. Duncan</i> |  |  |  |  |  |  |  |  |  | 19 Dec '83     |  |  |  |  |  |  |  |  |  |

## COMMENTS FOR OFFICIAL USE ONLY

| C |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|



| EPA I.D. NUMBER (enter from page 1)             |                                       |                                       |                                 |                          |   |   |  |  |  |  |  |   | FOR OFFICIAL USE ONLY |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---------------------------------------|---------------------------------------|---------------------------------|--------------------------|---|---|--|--|--|--|--|---|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| W M I D 0 0 1 7 2 2 5 5 2 T/A C 1               |                                       |                                       |                                 |                          |   |   |  |  |  |  |  |   | W DUP T/A C 2 DUP     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| IV. DESCRIPTION OF HAZARDOUS WASTES (continued) |                                       |                                       |                                 |                          |   |   |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NO.   | A. EPA HAZARD. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES             |   |   |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                                       |                                       |                                 | 1. PROCESS CODES (enter) |   |   |  |  |  |  |  | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1   | F 0 0 1                               | 4868                                  | P                               | S                        | 0 | 1 |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2   | F 0 0 3                               | 438                                   | P                               | S                        | 0 | 1 |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3   | D 0 0 1                               | 12617                                 | P                               | S                        | 0 | 1 |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4   | U 0 0 2                               | 26                                    | P                               | S                        | 0 | 1 |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5   | U 2 3 9                               | 4                                     | P                               | S                        | 0 | 1 |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6   | U 2 2 0                               | 1                                     | P                               | S                        | 0 | 1 |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7   | U 0 1 9                               | 6                                     | P                               | S                        | 0 | 1 |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8   | U 0 3 1                               | 1                                     | P                               | S                        | 0 | 1 |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9   | U 0 4 4                               | 24                                    | P                               | S                        | 0 | 1 |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10  | U 1 1 2                               | 1                                     | P                               | S                        | 0 | 1 |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11  | U 1 9 6                               | 1                                     | P                               | S                        | 0 | 1 |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12  | P 1 0 6                               | 2                                     | P                               | S                        | 0 | 1 |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13  | U 1 5 4                               | 42                                    | P                               | S                        | 0 | 1 |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14  | D 0 0 3                               | 166                                   | P                               | S                        | 0 | 1 |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15  | U 1 6 9                               | 2                                     | P                               | S                        | 0 | 1 |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16  |                                       |                                       |                                 |                          |   |   |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17  |                                       |                                       |                                 |                          |   |   |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18  |                                       |                                       |                                 |                          |   |   |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19  |                                       |                                       |                                 |                          |   |   |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20  |                                       |                                       |                                 |                          |   |   |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21  |                                       |                                       |                                 |                          |   |   |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22  |                                       |                                       |                                 |                          |   |   |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23  |                                       |                                       |                                 |                          |   |   |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 24  |                                       |                                       |                                 |                          |   |   |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25  |                                       |                                       |                                 |                          |   |   |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 26  |                                       |                                       |                                 |                          |   |   |  |  |  |  |  |   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |



E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

| EPA I.D. NO. (enter from page 1) |   |   |   |   |   |   |   |   |   |   |   |       |   |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|-------|---|
| S                                |   |   |   |   |   |   |   |   |   |   |   | T/A C |   |
| F                                | M | I | D | 0 | 0 | 1 | 7 | 2 | 2 | 5 | 5 | 2     | 6 |

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

LATITUDE (degrees, minutes, & seconds)

|    |    |    |    |    |   |    |
|----|----|----|----|----|---|----|
| 4  | 2  | 3  | 2  | 3  | 4 |    |
| 25 | 66 | 82 | 68 | 68 | - | 71 |

LONGITUDE (degrees, minutes, &amp; seconds)


|    |   |    |    |    |    |   |    |
|----|---|----|----|----|----|---|----|
| 8  | 3 |    | 1  | 0  | 3  | 6 |    |
| 72 | - | 74 | 78 | 76 | 77 | - | 79 |

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.


**B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:**

|                                   |    |                       |  |  |  |  |  |  |  |  |        |                 |  |  |  |                                |        |  |             |  |  |  |  |  |  |
|-----------------------------------|----|-----------------------|--|--|--|--|--|--|--|--|--------|-----------------|--|--|--|--------------------------------|--------|--|-------------|--|--|--|--|--|--|
| 1. NAME OF FACILITY'S LEGAL OWNER |    |                       |  |  |  |  |  |  |  |  |        |                 |  |  |  | 2. PHONE NO. (area code & no.) |        |  |             |  |  |  |  |  |  |
| C<br>E                            |    |                       |  |  |  |  |  |  |  |  |        |                 |  |  |  |                                |        |  |             |  |  |  |  |  |  |
| 13                                | 14 | 3. STREET OR P.O. BOX |  |  |  |  |  |  |  |  |        | 4. CITY OR TOWN |  |  |  |                                | 5. ST. |  | 6. ZIP CODE |  |  |  |  |  |  |
| C<br>F                            |    |                       |  |  |  |  |  |  |  |  | C<br>G |                 |  |  |  |                                |        |  |             |  |  |  |  |  |  |
|                                   |    |                       |  |  |  |  |  |  |  |  |        |                 |  |  |  |                                |        |  |             |  |  |  |  |  |  |

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

|  |   |                                     |
|--|---|-------------------------------------|
| <p>A. NAME (print or type)</p> <p>Theodore N. Duncan, President<br/>Vickers Incorporated</p> | <p>B. SIGNATURE</p>  | <p>C. DATE SIGNED</p> <p>8-1-84</p> |
|--|---|-------------------------------------|

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

|   |   |   |
|---|---|---|
| <p>A. NAME (print or type)<br/>         Theodore N. Duncan, President<br/>         Vickers Incorporated</p> | <p>B. SIGNATURE<br/> </p> | <p>C. DATE SIGNED<br/>         8-1-84</p> |
|---|---|---|

VICKERS

1401 CHOOKS ROAD  
TROY, MICHIGAN 48064

June 28, 1983

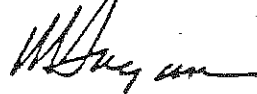
Department of Natural Resources  
Technical Services Section  
P.O. Box 30038  
Lansing, Michigan 48909

Gentlemen:

In compliance with Act 64 as ammended by Act 486,  
Section 22 (4), we have enclosed a copy of our Part A  
EPA Hazardous Waste Permit for your review.

We understand that we may continue to operate as a  
storage facility until an operating license application  
is approved or denied.

Very truly yours,



Richard Hagan  
Facility Manager

/g  
Enclosure

MY TELEPHONE NUMBER IS (313) 280 -3484

SPERRY VICKERS IS A DIVISION OF SPERRY CORPORATION



| FORM<br><b>1</b><br>GENERAL  |   | ENVIRONMENTAL PROTECTION AGENCY<br><b>GENERAL INFORMATION</b><br><i>Consolidated Permits Program</i><br><i>(Read the "General Instructions" before starting.)</i> |                | I. EPA I.D. NUMBER   |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
|--|---|---|----------------|--|---|---|---|------|----------------|----------------------------|---|----------|-------------|---------------------------|---|--------------------------------|---|---|---|---|---|---|-----------------|---|---|---|---|---|---|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|---------|--|--|--|--|--|--|--|--|--|----------|-------------|---|-----------------|--|--|--|--|--|--|--|--|--|--|----------|-------------|--|--|---|---|------|--|--|--|--|--|--|--|--|--|----------|-------------|---------------------------|---|---|------|--|--|--|--|--|--|--|--|--|----------|-------------|---------------------------|
|  |   |   |                | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6</td> <td style="width: 10%;">F</td> <td style="width: 10%;">M</td> <td style="width: 10%;">1</td> <td style="width: 10%;">D</td> <td style="width: 10%;">0</td> <td style="width: 10%;">0</td> <td style="width: 10%;">1</td> <td style="width: 10%;">7</td> <td style="width: 10%;">2</td> <td style="width: 10%;">2</td> <td style="width: 10%;">5</td> <td style="width: 10%;">5</td> <td style="width: 10%;">2</td> <td style="width: 10%;">3</td> <td style="width: 10%;">D</td> </tr> </table>  |   | 6   | F | M    | 1              | D                          | 0 | 0        | 1           | 7                         | 2 | 2                              | 5 | 5 | 2 | 3 | D |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| 6  | F | M   | 1              | D  | 0 | 0   | 1 | 7    | 2              | 2                          | 5 | 5        | 2           | 3                         | D |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| LABEL ITEMS  |   |   |                | GENERAL INSTRUCTIONS   |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| I. EPA I.D. NUMBER   |   | MID001722552  |                | <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p> |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| III. FACILITY NAME   |   | <del>SPERRY RAND CORPORATION</del>  |                |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| V. FACILITY MAILING ADDRESS  |   | 1401 CROOKS ROAD<br>TROY, MI 48064  |                |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| VI. FACILITY LOCATION  |   | 1401 CROOKS ROAD<br>TROY, MI 48064  |                |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| II. POLLUTANT CHARACTERISTICS  |   |   |                |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| <p><b>INSTRUCTIONS:</b> Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.</p>  |   |   |                |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| SPECIFIC QUESTIONS   |   | MARK 'X'  |                | SPECIFIC QUESTIONS   |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
|  |   | YES   | NO             | FORM ATTACHED  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)   |   |   | X              |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)  |   |   | X              |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)   |   | X   |                | X  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)   |   |   | X              |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)   |   |   | X              |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)  |   |   | X              |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)  |   |   | X              |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)   |   |   | X              |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)  |   |   | X              |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)   |   |   | X              |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| III. NAME OF FACILITY  |   |   |                |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">C</td> <td style="width: 5%;">1</td> <td style="width: 5%;">SKIP</td> <td colspan="10">SPERRY VICKERS</td> </tr> </table>  |   |   |                |  |   | C   | 1 | SKIP | SPERRY VICKERS |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| C  | 1 | SKIP  | SPERRY VICKERS |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| IV. FACILITY CONTACT   |   |   |                |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;">A. NAME &amp; TITLE (last, first, &amp; title)</td> <td colspan="4" style="text-align: center;">B. PHONE (area code &amp; no.)</td> </tr> <tr> <td style="width: 5%;">C</td> <td style="width: 5%;">2</td> <td colspan="4">HAGAN RICHARD FACILITY MANAGER</td> <td style="width: 5%;">3</td> <td style="width: 5%;">1</td> <td style="width: 5%;">3</td> <td style="width: 5%;">2</td> <td style="width: 5%;">8</td> <td style="width: 5%;">0</td> <td style="width: 5%;">3</td> <td style="width: 5%;">4</td> <td style="width: 5%;">8</td> <td style="width: 5%;">4</td> </tr> </table>   |   |   |                |  |   | A. NAME & TITLE (last, first, & title)            |   |      |                | B. PHONE (area code & no.) |   |          |             | C                         | 2 | HAGAN RICHARD FACILITY MANAGER |   |   |   | 3 | 1 | 3 | 2               | 8 | 0 | 3 | 4 | 8 | 4 |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| A. NAME & TITLE (last, first, & title)   |   |   |                | B. PHONE (area code & no.)   |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| C  | 2 | HAGAN RICHARD FACILITY MANAGER  |                |  |   | 3   | 1 | 3    | 2              | 8                          | 0 | 3        | 4           | 8                         | 4 |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| V. FACILITY MAILING ADDRESS  |   |   |                |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="15" style="text-align: center;">A. STREET OR P.O. BOX</td> </tr> <tr> <td style="width: 5%;">C</td> <td style="width: 5%;">3</td> <td colspan="13"></td> </tr> <tr> <td colspan="15" style="text-align: center;">B. CITY OR TOWN</td> </tr> <tr> <td style="width: 5%;">C</td> <td style="width: 5%;">4</td> <td colspan="10"></td> <td style="width: 5%;">C. STATE</td> <td style="width: 5%;">D. ZIP CODE</td> </tr> <tr> <td style="width: 5%;">C</td> <td style="width: 5%;">4</td> <td colspan="10"></td> <td style="width: 5%;">C. STATE</td> <td style="width: 5%;">D. ZIP CODE</td> </tr> </table>   |   |   |                |  |   | A. STREET OR P.O. BOX                             |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   | C | 3 |                 |   |   |   |   |   |   |  |  |  |  |  |  | B. CITY OR TOWN |  |  |  |  |  |  |  |  |  |  |  |  |  |  | C | 4 |         |  |  |  |  |  |  |  |  |  | C. STATE | D. ZIP CODE | C | 4               |  |  |  |  |  |  |  |  |  |  | C. STATE | D. ZIP CODE |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| A. STREET OR P.O. BOX  |   |   |                |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| C  | 3 |   |                |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| B. CITY OR TOWN  |   |   |                |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| C  | 4 |   |                |  |   |   |   |      |                |                            |   | C. STATE | D. ZIP CODE |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| C  | 4 |   |                |  |   |   |   |      |                |                            |   | C. STATE | D. ZIP CODE |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| VI. FACILITY LOCATION  |   |   |                |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="15" style="text-align: center;">A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</td> </tr> <tr> <td style="width: 5%;">C</td> <td style="width: 5%;">5</td> <td colspan="13">1401 CROOKS RD.</td> </tr> <tr> <td colspan="15" style="text-align: center;">B. COUNTY NAME</td> </tr> <tr> <td style="width: 5%;">C</td> <td style="width: 5%;">5</td> <td colspan="13">OAKLAND</td> </tr> <tr> <td colspan="15" style="text-align: center;">C. CITY OR TOWN</td> </tr> <tr> <td style="width: 5%;">C</td> <td style="width: 5%;">6</td> <td colspan="10">TROY</td> <td style="width: 5%;">D. STATE</td> <td style="width: 5%;">E. ZIP CODE</td> <td style="width: 5%;">F. COUNTY CODE (if known)</td> </tr> <tr> <td style="width: 5%;">C</td> <td style="width: 5%;">6</td> <td colspan="10">TROY</td> <td style="width: 5%;">D. STATE</td> <td style="width: 5%;">E. ZIP CODE</td> <td style="width: 5%;">F. COUNTY CODE (if known)</td> </tr> </table> |   |   |                |  |   | A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   | C | 5 | 1401 CROOKS RD. |   |   |   |   |   |   |  |  |  |  |  |  | B. COUNTY NAME  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | C | 5 | OAKLAND |  |  |  |  |  |  |  |  |  |          |             |   | C. CITY OR TOWN |  |  |  |  |  |  |  |  |  |  |          |             |  |  | C | 6 | TROY |  |  |  |  |  |  |  |  |  | D. STATE | E. ZIP CODE | F. COUNTY CODE (if known) | C | 6 | TROY |  |  |  |  |  |  |  |  |  | D. STATE | E. ZIP CODE | F. COUNTY CODE (if known) |
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  |   |   |                |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| C  | 5 | 1401 CROOKS RD.   |                |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| B. COUNTY NAME   |   |   |                |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| C  | 5 | OAKLAND   |                |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| C. CITY OR TOWN  |   |   |                |  |   |   |   |      |                |                            |   |          |             |                           |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| C  | 6 | TROY  |                |  |   |   |   |      |                |                            |   | D. STATE | E. ZIP CODE | F. COUNTY CODE (if known) |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |
| C  | 6 | TROY  |                |  |   |   |   |      |                |                            |   | D. STATE | E. ZIP CODE | F. COUNTY CODE (if known) |   |                                |   |   |   |   |   |   |                 |   |   |   |   |   |   |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |         |  |  |  |  |  |  |  |  |  |          |             |   |                 |  |  |  |  |  |  |  |  |  |  |          |             |  |  |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |   |   |      |  |  |  |  |  |  |  |  |  |          |             |                           |



CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

| A. FIRST |    |    |    |    |   |           |    |    |    | B. SECOND |                                   |   |           |  |  |  |  |  |  |
|----------|----|----|----|----|---|-----------|----|----|----|-----------|-----------------------------------|---|-----------|--|--|--|--|--|--|
| C        | 7  | 3  | 5  | 6  | 1   | (specify) | C  | 7  | 3  | 4         | 9                                 | 4 | (specify) |  |  |  |  |  |  |
| 15       | 16 | 17 | 18 | 19 | Fluid Power Pumps and Motors                                      | 15        | 16 | 17 | 18 | 19        | Fluid Power Valves and Regulators |   |           |  |  |  |  |  |  |
| C. THIRD |    |    |    |    |   |           |    |    |    | D. FOURTH |                                   |   |           |  |  |  |  |  |  |
| C        | 7  | 3  | 5  | 6  | 9   | (specify) | C  | 7  |    |           |                                   |   | (specify) |  |  |  |  |  |  |
| 15       | 16 | 17 | 18 | 19 | Fluid Power System Fluid Filter<br>Packaged Hydraulic Power Units | 15        | 16 | 17 | 18 | 19        |                                   |   |           |  |  |  |  |  |  |

## VIII. OPERATOR INFORMATION

| A. NAME   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | B. Is the name listed in Item VIII-A also the owner? |   |  |  |  |                     |  |  |  |  |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|---|--|--|--|---------------------|--|--|--|--|
| C   | 8  | S  | P  | E  | R  | R  | Y  | C  | O  | R  | P  |    |    |    |    |    |    |    |    |    |    |    |    |    |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |  |  |                     |  |  |  |  |
| 15  | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40   | 65  |  |  |  |                     |  |  |  |  |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | D. PHONE (area code & no.)                           |   |  |  |  |                     |  |  |  |  |
| F = FEDERAL      M = PUBLIC (other than federal or state)<br>S = STATE        O = OTHER (specify) |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | P (specify)  |   |  |  |  | 2 1 2 9 5 6 2 1 2 1 |  |  |  |  |
|   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 15 16 17 18 19 20 21 22 23 24 25                     |   |  |  |  |                     |  |  |  |  |

## E. STREET OR P.O. BOX

1 2 9 0 AVENUE OF THE AMERICAS

## F. CITY OR TOWN

B NEW YORK

## G. STATE

N Y

## H. ZIP CODE

1 0 1 1 0 4

## IX. INDIAN LAND

Is the facility located on Indian lands?

☐ YES ☒ NO

## X. EXISTING ENVIRONMENTAL PERMITS

| A. NPDES (Discharges to Surface Water)   |    |    |    |    |    |    |    |    |    | D. PSD (Air Emissions from Proposed Sources) |    |    |    |    |    |    |    |    |    |
|--|----|----|----|----|----|----|----|----|----|--|----|----|----|----|----|----|----|----|----|
| C  | 9  | N  |    |    |    |    |    |    |    | C  | 9  | P  |    |    |    |    |    |    |    |
| 15                                       | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 15   | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| B. UIC (Underground Injection of Fluids) |    |    |    |    |    |    |    |    |    | E. OTHER (specify)                           |    |    |    |    |    |    |    |    |    |
| C  | 9  | U  |    |    |    |    |    |    |    | C  | 9  |    |    |    |    |    |    |    |    |
| 15                                       | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 15   | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| C. RCRA (Hazardous Wastes)               |    |    |    |    |    |    |    |    |    | E. OTHER (specify)                           |    |    |    |    |    |    |    |    |    |
| C  | 9  | R  |    |    |    |    |    |    |    | C  | 9  |    |    |    |    |    |    |    |    |
| 15                                       | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 15   | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: A/50

## XII. NATURE OF BUSINESS (provide a brief description)

ADMINISTRATIVE, ENGINEERING AND DEVELOPMENT CENTER FOR THE SPERRY VICKERS DIVISION OF SPERRY CORPORATION. SPERRY VICKERS IS A MANUFACTURER OF HYDRAULIC PUMPS, MOTORS AND VALVES IN ITS U. S. FACTORIES. THE TROY LOCATION IS NOT USED FOR MANUFACTURING PRODUCTS FOR SHIPMENT TO CUSTOMERS.

F9: A/51

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| A. NAME & OFFICIAL TITLE (type or print)      | B. SIGNATURE         | C. DATE SIGNED |
|---|----------------------|----------------|
| W. H. PRESLEY<br>Vice President Manufacturing | <i>W. H. Presley</i> | 11-13-80       |

## COMMENTS FOR OFFICIAL USE ONLY







**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE      CODE  
POUNDS . . . . . P  
TONS . . . . . T

METRIC UNIT OF MEASURE      CODE  
KILOGRAMS . . . . . K  
METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| LINE<br>NO. | A. EPA<br>HAZARD.<br>WASTE NO.<br>(enter code) | B. ESTIMATED ANNUAL<br>QUANTITY OF WASTE | C. UNIT<br>OF MEAS-<br>URE<br>(enter<br>code) | D. PROCESSES                |  |
|-------------|--|--|---|-----------------------------|--|
|             |  |  |   | 1. PROCESS CODES<br>(enter) | 2. PROCESS DESCRIPTION<br>(if a code is not entered in D(1)) |
| X-1         | K 0 5 4  | 900                                      | P   | T 0 3 D 8 0                 |  |
| X-2         | D 0 0 2  | 400                                      | P   | T 0 3 D 8 0                 |  |
| X-3         | D 0 0 1  | 100                                      | P   | T 0 3 D 8 0                 |  |
| X-4         | D 0 0 2  |  |   |                             | included with above  |



| EPA I.D. NUMBER (enter from page 1)             |                                       |   |   |   |  |                                       |     |  |  |   |                                 |                          | FOR OFFICIAL USE ONLY |  |  |  |   |  |  |  |  |  |  |  |  |                     |
|---|---------------------------------------|---|---|---|--|---------------------------------------|-----|--|--|---|---------------------------------|--------------------------|-----------------------|--|--|--|---|--|--|--|--|--|--|--|--|---------------------|
| W M 1 D 0 0 1 7 2 2 5 5 2 3 1                   |                                       |   |   |   |  |                                       |     |  |  |   |                                 |                          | W DUP 3 2 DUP         |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| IV. DESCRIPTION OF HAZARDOUS WASTES (continued) |                                       |   |   |   |  |                                       |     |  |  |   |                                 |                          |                       |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| LINE NO.  | A. EPA HAZARD. WASTE NO. (enter code) |   |   |   |  | B. ESTIMATED ANNUAL QUANTITY OF WASTE |     |  |  |   | C. UNIT OF MEASURE (enter code) | D. PROCESSES             |                       |  |  |  |   |  |  |  |  |  |  |  |  |                     |
|   |                                       |   |   |   |  |                                       |     |  |  |   |                                 | 1. PROCESS CODES (enter) |                       |  |  |  | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |  |  |  |  |  |  |  |  |                     |
| 1   | F                                     | 0 | 0 | 1 |  | 2437                                  | 000 |  |  | P | S                               | 0                        | 1                     |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| 2   | F                                     | 0 | 0 | 2 |  |                                       |     |  |  |   |                                 |                          |                       |  |  |  |   |  |  |  |  |  |  |  |  | Included with above |
| 3   | U                                     | 2 | 2 | 8 |  |                                       |     |  |  |   |                                 |                          |                       |  |  |  |   |  |  |  |  |  |  |  |  | Included with above |
| 4   | F                                     | 0 | 0 | 3 |  | 50                                    | 000 |  |  | P | S                               | 0                        | 1                     |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| 4   | U                                     | 2 | 3 | 9 |  |                                       |     |  |  |   |                                 |                          |                       |  |  |  |   |  |  |  |  |  |  |  |  | Included with above |
| 4   | U                                     | 0 | 0 | 2 |  |                                       |     |  |  |   |                                 |                          |                       |  |  |  |   |  |  |  |  |  |  |  |  | Included with above |
| 7   | D                                     | 0 | 0 | 1 |  | 12,425                                | 000 |  |  | P | S                               | 0                        | 1                     |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| 8   | U                                     | 2 | 2 | 0 |  | 1                                     | 000 |  |  | P | S                               | 0                        | 1                     |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| 9   | U                                     | 0 | 1 | 9 |  | 6                                     | 000 |  |  | P | S                               | 0                        | 1                     |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| 10  | U                                     | 0 | 3 | 1 |  | 8                                     | 00  |  |  | P | S                               | 0                        | 1                     |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| 11  | U                                     | 0 | 4 | 4 |  | 24                                    | 000 |  |  | P | S                               | 0                        | 1                     |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| 12  | U                                     | 1 | 1 | 2 |  | 8                                     | 000 |  |  | P | S                               | 0                        | 1                     |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| 13  | U                                     | 1 | 9 | 6 |  | 2                                     | 000 |  |  | P | S                               | 0                        | 1                     |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| 14  | D                                     | 0 | 0 | 2 |  | 9                                     | 000 |  |  | P | S                               | 0                        | 1                     |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| 15  | P                                     | 1 | 0 | 6 |  | 2                                     | 000 |  |  | P | S                               | 0                        | 1                     |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| 16  | U                                     | 1 | 5 | 4 |  | 42                                    | 000 |  |  | P | S                               | 0                        | 1                     |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| 17  | D                                     | 0 | 0 | 3 |  | 166                                   | 000 |  |  | P | S                               | 0                        | 1                     |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| 18  | F                                     | 0 | 1 | 7 |  | 25                                    | 000 |  |  | P | S                               | 0                        | 1                     |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| 19  | U                                     | 1 | 6 | 9 |  | 2                                     | 000 |  |  | P | S                               | 0                        | 1                     |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| 20  |                                       |   |   |   |  |                                       |     |  |  |   |                                 |                          |                       |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| 21  |                                       |   |   |   |  |                                       |     |  |  |   |                                 |                          |                       |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| 22  |                                       |   |   |   |  |                                       |     |  |  |   |                                 |                          |                       |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| 23  |                                       |   |   |   |  |                                       |     |  |  |   |                                 |                          |                       |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| 24  |                                       |   |   |   |  |                                       |     |  |  |   |                                 |                          |                       |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| 25  |                                       |   |   |   |  |                                       |     |  |  |   |                                 |                          |                       |  |  |  |   |  |  |  |  |  |  |  |  |                     |
| 26  |                                       |   |   |   |  |                                       |     |  |  |   |                                 |                          |                       |  |  |  |   |  |  |  |  |  |  |  |  |                     |



**IV. DESCRIPTION OF HAZARDOUS WASTE** (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|
| S | F | M | 1 | D | 0 | 0 | 1 | 7 | 2  | 2  | 5  | 5  | 2  | 3  | 6  |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

FG: A/55

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

FG: A/56

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

4 2 3 2 3 4 0

LONGITUDE (degrees, minutes, &amp; seconds)

083 00 10 36 0

**VIII. FACILITY OWNER**☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

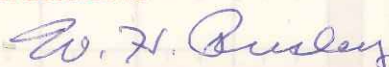
**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

W. H. Presley  
Vice President Manufacturing

B. SIGNATURE



C. DATE SIGNED

11-13-80

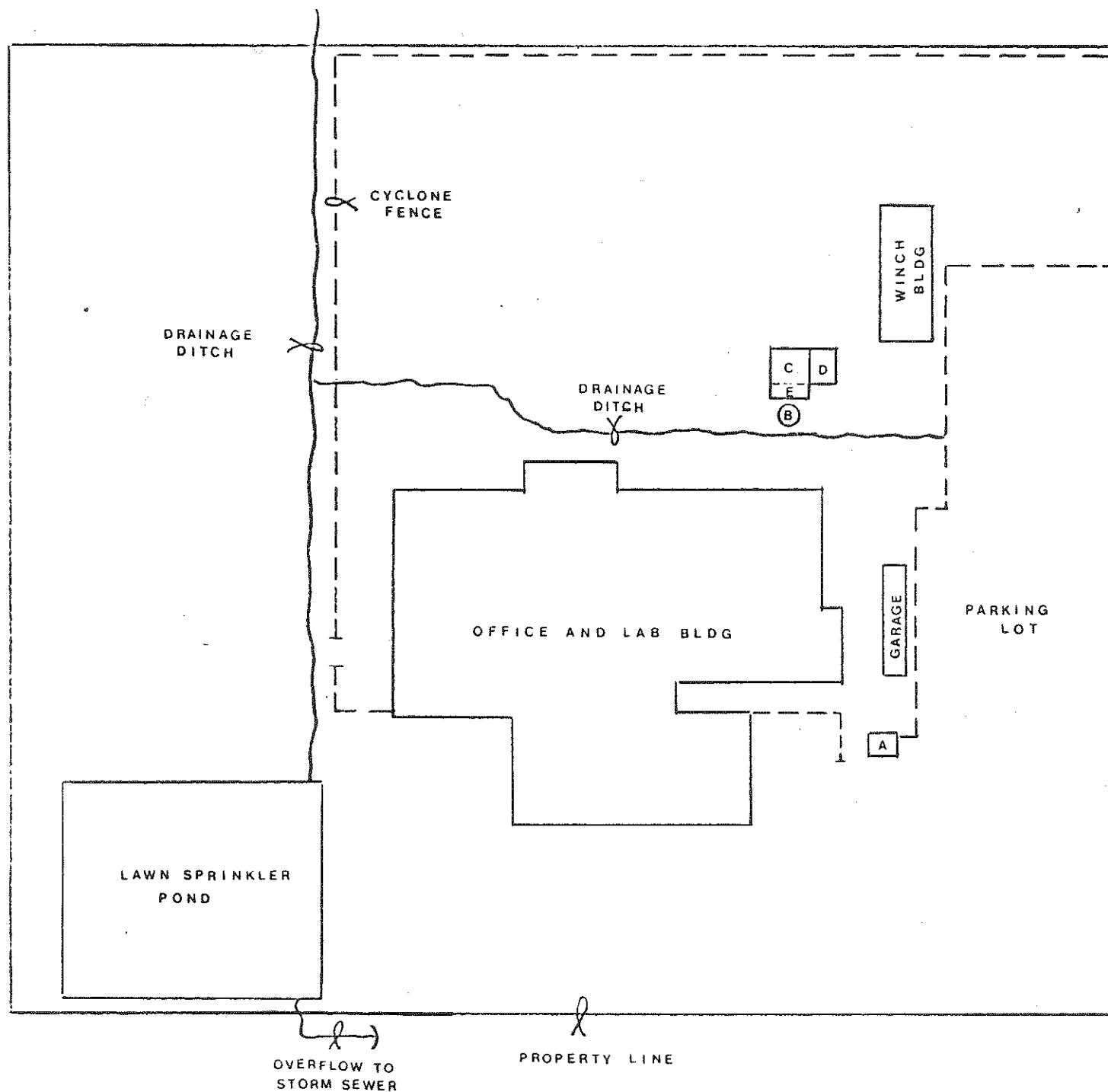
**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED



- A. SECURITY OFFICE.
- B. 5000 GALLON In-GROUND WASTE OIL STORAGE TANK.
- C. OIL STORAGE BUILDING.
- D. SHIPPING & RECEIVING DEPARTMENT.
- E. 28 X 51 FOOT HAZARDOUS WASTE STORAGE AND FUTURE OIL RE-CYCLING AREA.

SCALE  
1 in = 200 ft

187





181

181





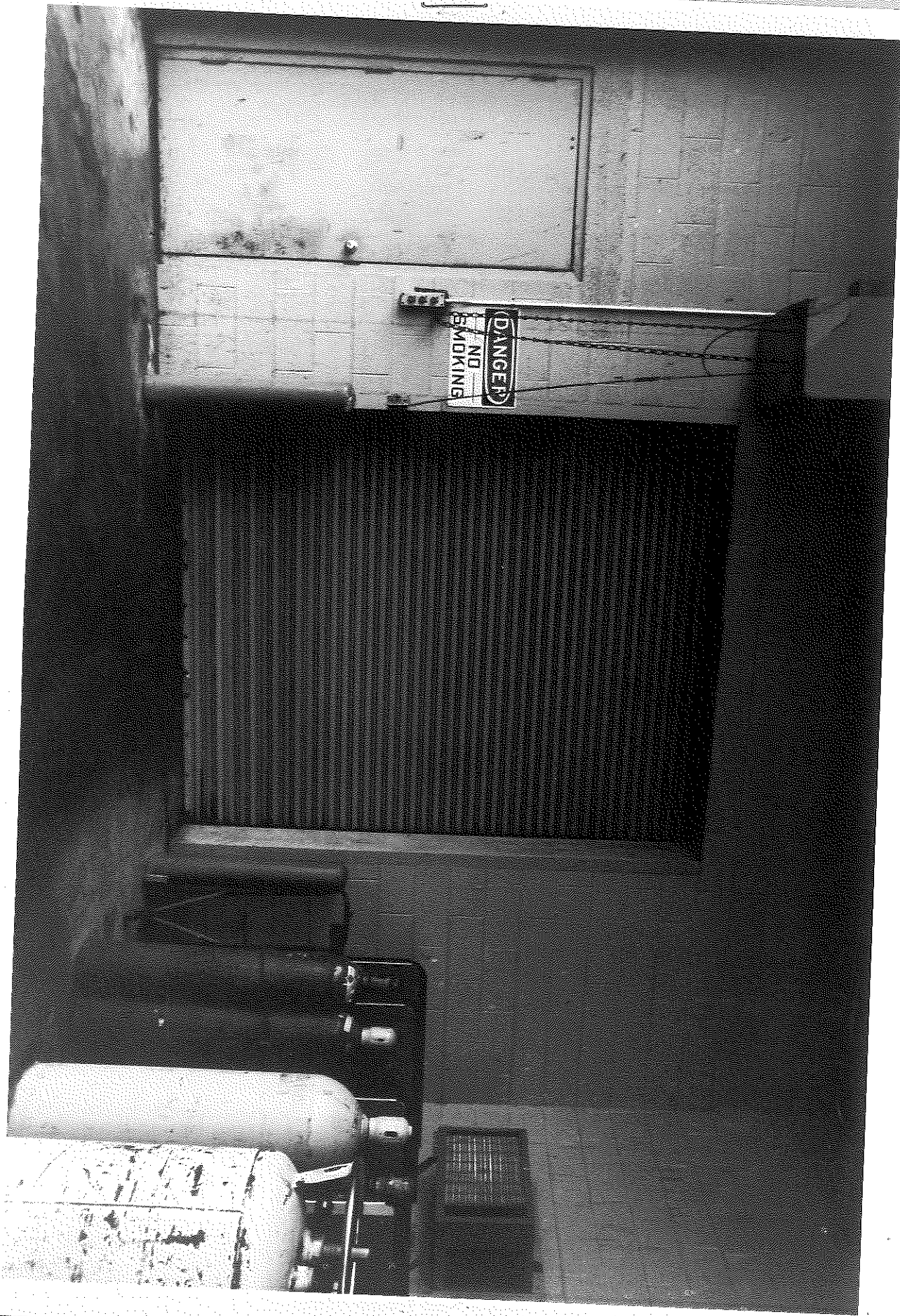














NORTH AMERICAN GROUP  
TROY, MICHIGAN 48064

MID001722552

*No  
corrections  
needed*

August 21, 1980

EPA Region V  
RCRA Activities  
P. O. Box 7861  
Chicago, Illinois 60608

Reference: Notification of Hazardous Waste Activities  
Installation E.P.A. I.D. No. MID001722552

Subject: Correction to Notification Submitted on  
August 15, 1980

Gentlemen:

Upon review of subject Notification we found that we made a typing error in the statement we made on the bottom of the second page.

We said, in error, "We believe that this information is correct to the best of our knowledge in accordance with out interpretation of the regulations at this time." Please correct the statement to read, "We believe that this information is correct to the best of our knowledge in accordance with our interpretation of the regulations at this time."

We have attached a revised second page for reference.

*John G. Lewis*

John G. Lewis  
Manager - Facility  
& Manufacturing Staff  
Support

/d

21 AUG 1980

MY TELEPHONE NUMBER IS (313) ~~XXX~~ 280-3565

| I.D. - FOR OFFICIAL USE ONLY |   |  |  |  |  |  |  |  |  |  |  |    |    |    |
|------------------------------|---|--|--|--|--|--|--|--|--|--|--|----|----|----|
| 5                            |   |  |  |  |  |  |  |  |  |  |  |    |    |    |
| W                            |   |  |  |  |  |  |  |  |  |  |  |    |    |    |
| 1                            | 2 |  |  |  |  |  |  |  |  |  |  | 13 | 14 | 15 |

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

|  |   |   |  |  |                                       |
|--|---|---|--|--|---------------------------------------|
| 1<br>F 0 0 1<br>23 - 26<br>7<br>P 1 0 6<br>23 - 26 | 2<br>F 0 0 2<br>23 - 26<br>8<br><br>23 - 26 | 3<br>F 0 0 3<br>23 - 26<br>9<br><br>23 - 26 | 4<br>F 0 0 5<br>23 - 26<br>10<br><br>23 - 26 | 5<br>F 0 1 0<br>23 - 26<br>11<br><br>23 - 26 | 6<br><br>23 - 26<br>12<br><br>23 - 26 |
|--|---|---|--|--|---------------------------------------|

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 13<br><br>23 - 26<br>19<br><br>23 - 26<br>25<br><br>23 - 26 | 14<br><br>23 - 26<br>20<br><br>23 - 26<br>26<br><br>23 - 26 | 15<br><br>23 - 26<br>21<br><br>23 - 26<br>27<br><br>23 - 26 | 16<br><br>23 - 26<br>22<br><br>23 - 26<br>28<br><br>23 - 26 | 17<br><br>23 - 26<br>23<br><br>23 - 26<br>29<br><br>23 - 26 | 18<br><br>23 - 26<br>24<br><br>23 - 26<br>30<br><br>23 - 26 |
|---|---|---|---|---|---|

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| 31<br>U 0 1 9<br>23 - 26<br>37<br>U 2 2 8<br>23 - 26<br>43<br><br>23 - 26 | 32<br>U 0 4 4<br>23 - 26<br>38<br>U 2 3 9<br>23 - 26<br>44<br><br>23 - 26 | 33<br>U 1 5 4<br>23 - 26<br>39<br>P 1 0 6<br>23 - 26<br>45<br><br>23 - 26 | 34<br>U 1 5 9<br>23 - 26<br>40<br><br>23 - 26<br>46<br><br>23 - 26 | 35<br>U 2 2 0<br>23 - 26<br>41<br><br>23 - 26<br>47<br><br>23 - 26 | 36<br>U 2 2 6<br>23 - 26<br>42<br><br>23 - 26<br>48<br><br>23 - 26 |
|---|---|---|--|--|--|

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

|                   |                   |                   |                   |                   |                   |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 49<br><br>23 - 26 | 50<br><br>23 - 26 | 51<br><br>23 - 26 | 52<br><br>23 - 26 | 53<br><br>23 - 26 | 54<br><br>23 - 26 |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☒ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

|                                  |  |                        |
|----------------------------------|--|------------------------|
| SIGNATURE<br><i>John D Lewis</i> | NAME & OFFICIAL TITLE (type or print)<br>Manager Facility &<br>Manufacturing Staff Support | DATE SIGNED<br>8/15/80 |
|----------------------------------|--|------------------------|

EPA Form 8700-12 (6-80) REVERSE

We believe that this information is correct to the best of our knowledge in accordance with ~~our~~ interpretation of the regulations at this time.

21 AUG 1980

PAGE REVISED 8/20/80



ENVIRONMENTAL PROTECTION AGENCY  
FACILITY BIENNIAL HAZARDOUS WASTE REPORT FOR 1983This report is for the calendar year ending December 31, 1983.  
Read All Instructions Carefully Before Making Any Entries on Form

## I. NON-REGULATED STATUS

Explain your non-regulated status in the space below.

See instructions before completing this section.

This facility did not treat, store, or dispose of regulated quantities of hazardous waste at any time during 1983. . . . . ☐

Please print/type with elite type (12 characters per inch)

## II. FACILITY EPA I.D. NUMBER

F M I D O O 1 7 2 2 5 5 2 1  
1 2 13 14 15 T/A C

This Facility's Non-Regulated Status is Expected to Apply:

- ☐
- For 1983 Only
- ☐
- Permanently
- 
- ☐
- Other (explain in comment section)

C303 ENTRY (OFFICIAL USE ONLY): ☐

## III. NAME OF FACILITY

V I C K E R S I N C O R P O R A T E D  
30 69

## IV. FACILITY MAILING ADDRESS

3 1 4 0 1 C R O O K S R O A D  
15 16 45

Street or P.O. Box

4 T R O Y M I 4 8 0 8 4  
15 16 41 42 47 51

City or Town

State Zip Code

## V. LOCATION OF FACILITY (if different than section IV above)

5  
15 16 45

Street or Route number

6  
15 16 41 42 47 51

City or Town

State Zip Code

## VI. FACILITY CONTACT

2 H A G A N R I C H A R D  
15 16 45

Name (last and first)

3 1 3 2 8 0 3 4 8 4  
46 55

Phone No. (area code &amp; no.)

## VII. COST ESTIMATES FOR FACILITIES

\$ 16 19 22 4 8 9 \$ 25 28 31

A. Cost Estimate for Facility Closure

B. Cost Estimate for Post Closure Monitoring and Maintenance (disposal facilities only)

## VIII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Richard Hagan

Facilities Manager

2-28-1984

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

## Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

## IX. FACILITY'S EPA I.D. NO.

T/A C

F M I D O 0 1 7 2 2 5 5 2 1 1  
1 2 13 14 15

## X. GENERATOR'S EPA I.D. NO.

G M I D O 0 1 7 2 2 5 5 2  
16 28

## XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

VICKERS INC.

ON-SITE ☒

## XII. GENERATOR ADDRESS

## XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 3 6 6 1 G S02                       S03                        
 AMOUNT OF WASTE UOM AMOUNT OF WASTE UOM AMOUNT OF WASTE UOM  
 S04                       S05                        
 AMOUNT OF WASTE UOM AMOUNT OF WASTE UOM

## XIV. WASTE IDENTIFICATION

| Sequence # | Line # | A. Description of Waste                      | B. EPA Hazardous Waste No. (see instructions) | C. Handling Method | D. Amount of Waste | E. Unit of Measure |
|------------|--------|--|---|--------------------|--------------------|--------------------|
| 29         | 32     | 1 Petroleum Distillate                       | D 0 0 1<br>33 36 37 40                        | S 0 1              | 1 5 3 5            | G                  |
|            |        | 2 Trichloroethylene                          | F 0 0 1<br>41 44 45 48                        | S 0 1              | 2 3 5              | G                  |
|            |        | 3 Mixture of Petroleum Ether & Hydraulic Oil | D 0 0 1<br>49 51 52                           | S 0 1              | 3 1                | G                  |
|            |        | 4 3M XL Activator Liquid N.O.S.              | D 0 0 3                                       | S 0 1              | 5                  | G                  |
|            | 5      |  |   |                    |                    |                    |
|            | 6      |  |   |                    |                    |                    |
|            | 7      |  |   |                    |                    |                    |
|            | 8      |  |   |                    |                    |                    |
|            | 9      |  |   |                    |                    |                    |
|            | 10     |  |   |                    |                    |                    |
|            | 11     |  |   |                    |                    |                    |
|            | 12     |  |   |                    |                    |                    |

## XV. COMMENTS (enter information by section number—see instructions)



## ENVIRONMENTAL PROTECTION AGENCY

## GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.  
Read All Instructions Carefully Before Making Any Entries on Form

## I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

- 1 Non-handler
- 2 Small Quantity Generator
- 4 Exempt
- 5 Beneficial Use
- 9 Closed

Please print/type with elite type (12 characters per inch)

## II. GENERATOR'S EPA I.D. NUMBER

T/A C  
F M I D O O I I 7 2 I 5 I 2 I 1  
1 2 13 14 15

This Installation's Non-Regulated Status is Expected to Apply:

- ☐ For 1983 Only ☐ Permanently
- ☐ Other \_\_\_\_\_

C303 ENTRY (OFFICIAL USE ONLY): ☐

## III. NAME OF INSTALLATION

V I C K E R S I I N C O R P O R A T E D  
30 69

## IV. INSTALLATION MAILING ADDRESS

3 1 4 0 1 C R O O K S R O A D  
15 16 45

Street or P.O. Box

4 T R O Y M I 4 8 0 8 4  
15 16 41 42 47 51  
City or Town State Zip Code

## V. LOCATION OF INSTALLATION (if different than section IV above)

5  
15 16 45

Street or Route number

6  
15 16 41 42 47 51  
City or Town State Zip Code

## VI. INSTALLATION CONTACT

2 H A G A N R I C H A R D  
15 16 45

Name (last and first)

3 1 3 2 8 0 3 4 8 4  
46 55

Phone No. (area code &amp; no.)

## VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Richard Hagan

Facilities Manager

Print/Type Name

Title

Signature of Authorized Representative

2-28-1984

Date Signed



## ENVIRONMENTAL PROTECTION AGENCY

## Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: \_\_\_\_\_

Rec'd by: \_\_\_\_\_

## VIII. GENERATOR'S EPA I.D. NO.

T/A C

|   |   |   |   |   |   |   |   |   |   |    |    |    |   |   |
|---|---|---|---|---|---|---|---|---|---|----|----|----|---|---|
| G | M | I | D | 0 | 0 | 1 | 7 | 2 | 2 | 5  | 5  | 2  | 1 | 1 |
| 1 | 2 |   |   |   |   |   |   |   |   | 13 | 14 | 15 |   |   |

## X. FACILITY'S EPA I.D. NO.

|    |   |   |   |   |   |   |   |   |   |   |    |   |
|----|---|---|---|---|---|---|---|---|---|---|----|---|
| F  | M | I | D | 0 | 0 | 6 | 5 | 2 | 3 | 3 | 8  | 5 |
| 16 |   |   |   |   |   |   |   |   |   |   | 28 |   |

## IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

U. S. CHEMICAL CO.

## XI. FACILITY ADDRESS

29163 Callahan

Roseville, Mich. 48066

## XII. TRANSPORTATION SERVICES USED

U. S. CHEMICAL CO.

MID006523385

## XIII. WASTE IDENTIFICATION

| Sequence # | Line # | A. Description of Waste | B. DOT Hazard Code | C. EPA Hazardous Waste No. (see instructions) | D. Amount of Waste | E. Unit of Measure |
|------------|--------|-------------------------|--------------------|---|--------------------|--------------------|
|            | 1      | Petroleum Distillate    | 018                | D 0 0 1                                       | 1 7 0 5            | G                  |
|            | 2      | TrichloroEthylene       | 1, 3               | F 0 0 1                                       | 2 2 0              | G                  |
|            | 3      | Petroleum Ether         | 0, 8               | D 0 0 1                                       | 1 6 5              | G                  |
|            | 4      | Solvents NOS.           | 0, 8               | D 0 0 1                                       | 5 5                | G                  |
|            | 5      |                         |                    |   |                    |                    |
|            | 6      |                         |                    |   |                    |                    |
|            | 7      |                         |                    |   |                    |                    |
|            | 8      |                         |                    |   |                    |                    |
|            | 9      |                         |                    |   |                    |                    |
|            | 10     |                         |                    |   |                    |                    |
|            | 11     |                         |                    |   |                    |                    |
|            | 12     |                         |                    |   |                    |                    |

## XIV. COMMENTS (enter information by section number—see instructions)

NOTE: All of the above waste lines 1, 2, 3, & 4 was recycled at the Facility stated in Section IX.

Line 4 Solvents NOS, is a mixture of toluene, Acetone, & Print Activator from our Chem Lab, Print Shop & Maint. Shop.





MAR 24 1986

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Theodore M. Duncan, President  
Vickers, Incorporated  
1401 Crooks Road  
Troy, Michigan 48064

RE: Closure Plan Certification  
Vickers, Incorporated  
MID 001 722 552

Dear Mr. Duncan:

On June 10, 1985, you submitted certification of closure and requested a change in status. Your facility has been operating as a generator accumulating waste on-site in compliance with 40 CFR 262.34 since that date. The 30-day public comment period of your certification of closure and request for change in status ended March 7, 1986, and no comments were received.

Your certification of closure has been accepted and we are approving your request for a change in status. The facility will retain its identification number as a hazardous waste generator. Please be advised that you must ensure your waste is handled in accordance with the generator standards as required by 40 CFR Part 262.

Please contact Diane M. Spencer of my staff at, (312) 886-3740, if you have any questions.

Sincerely,

Basil G. Constantelos, Director  
Waste Management Division

cc: Alan Howard, MDNR

5HS-JCK-13:WMD:SWB:TPS:MICHIGAN READ FILE:D.Spencer:G.Words DRAFT TYPED 3/13/86  
FINAL TYPE:3/13/86

DISK 1

|           | TYP.    | AUTH.   | IL. CHIEF | IN. CHIEF | ML. CHIEF | MN/WI. CHIEF | OLL. CHIEF | TPS CHIEF | WMB CHIEF | WMD DIR |
|-----------|---------|---------|-----------|-----------|-----------|--------------|------------|-----------|-----------|---------|
| L.H. DATE | 3/13/86 | 3/13/86 |           |           | 3-1386    |              |            | 3/17/86   | 3/16/86   | 3/17/86 |

STATE OF MICHIGAN



JAMES J. BLANCHARD, Governor  
**DEPARTMENT OF NATURAL RESOURCES**

STEVENS T. MASON BUILDING  
BOX 30028  
LANSING, MI 48909

RONALD O. SKOOG, Director

**NATURAL RESOURCES COMMISSION**

THOMAS J. ANDERSON  
MARLENE J. FLUHARTY  
PHEN V. MONSMA  
STEWART MYERS  
DAVID D. OLSON  
RAYMOND POUPORE  
HARRY H. WHITELEY

October 18, 1985

**RECEIVED**

**OCT 28 1985**

**SWB - AIS  
U.S. EPA, REGION V**

Ms. Edith M. Ardiente, P.E.  
Chief, Technical Programs Section  
U.S. EPA Region 5  
230 South Dearborn Street, 5HS-13  
Chicago, Illinois 60604

RE: Vickers, Inc.  
MID 001 722 552

*C, TR, TSD, PA, 9*

Dear Ms. Ardiente:

As requested in your letter dated June 20, 1985, I have performed a technical evaluation of the closure plan and change in status request. After a file review of the facility and an inspection by Lynne King, MDNR Compliance staff, it is our recommendation that the facility be granted a change from interim status as a RCRA-TSD facility to generator status.

Attached is a memo, dated October 1, 1985, from Lynne King supporting the change in status. Based on our review and the attached memo, we recommend corrective action not be required at the facility. If you have any question, please contact me.

Sincerely,

James D. Roberts  
Environmental Engineer  
Technical Services Section  
Hazardous Waste Division  
(517) 373-2730

**Attachment**

cc: K. Burda/Part B File  
L. King, HWD-Detroit  
C. Witt, US EPA-Region 5  
M. Murphy, US EPA-Region 5





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

YELLOW

REPLY TO THE ATTENTION OF:  
5HS-13

JUN 20 1985

Mr. Alan J. Howard, Chief  
Technical Services Section  
Hazardous Waste Division  
Michigan Department of Natural Resources  
P.O. Box 30028  
Lansing, Michigan 48909

RE: Closure Plan

VICKERS INC.  
TROY, MICHIGAN  
MID '001 722 552

Dear Mr. Howard:

Enclosed is/are 1 copy(s) of a closure plan for the  
referenced facility. Please perform a technical evaluation of the plan, and  
provide us your comments by JULY 24, 1985.

If you have any questions on the closure plan, please contact CAROL WITT  
of my staff, at (312) 886-6146.

Sincerely,

*Edith M. Ardiente*

Edith M. Ardiente, P.E.  
Chief, Technical Programs Section

Enclosure(s)

cc: Mary Higgins  
HWDMS Update File

|      | TPS     | WMB     | WMD | WMD | WMD | WMD | WMD | TPS   | WMB   | WMD |
|------|---------|---------|-----|-----|-----|-----|-----|-------|-------|-----|
|      | CHIEF   | CHIEF   | DIR |     |     |     |     | CHIEF | CHIEF | DIR |
| DATE | 6/20/85 | 6/20/85 |     |     |     |     |     |       |       |     |







VICKERS, INCORPORATED  
1401 CROOKS ROAD  
TROY, MICHIGAN 48084

March 14, 1986

RECEIVED  
MAR 17 1986

SOLID WASTE BRANCH  
U.S. EPA, REGION V

Ms. Diane Spencer  
United States Environmental  
Protection Agency  
Region V  
Solid Waste Branch  
5HS13  
230 South Dearborn  
Chicago, Illinois 60604

Dear Ms. Spencer:

Re: Vickers-Troy Facility  
EPA ID No. MID001722552

This will serve to summarize our conversation of March 13, 1986. You advised that a letter has been prepared releasing Vickers, Incorporated from RCRA financial assurance requirements in connection with our Troy facility, but that the letter may not be received by us by the March 31 refiling deadline. In the circumstances, however, you have agreed that we need not file the assurances for 1986.

Would you please confirm that this is an accurate summary of our conversation by signing and returning the duplicate copy of this letter in the postpaid envelope enclosed.

Yours truly,

  
Richard J. Hagan, Director  
Facility & Administrative Services

/g  
Enclosure

RECEIVED

MAR 18 1986

SWB - AIS  
U.S. EPA, REGION V

Read and Confirmed:

By: \_\_\_\_\_  
Diane Spencer

Date: March \_\_, 1986

cc: L. J. Lyng                      R. E. Vorthmann  
A. G. Goudreau                  C. S. Lohman  
J. S. Ellingboe                  P. W. Fletcher



Lumbermens Mutual Casualty Company • American Motorists Insurance Company  
American Manufacturers Mutual Insurance Company • American Protection Insurance Company

20 North Wacker Drive, Chicago, IL 60606 • 312|621-8200

January 30, 1986

Mr. Joseph Boyle  
U. S. EPA Region 5  
230 S. Dearborn  
Chicago, IL. 60604

RECEIVED

JAN 30 1986

U.S. EPA REGION V  
WASTE MANAGEMENT DIVISION  
HAZARDOUS WASTE ENFORCEMENT BRANCH

Dear Mr. Boyle:

RE: NAMES, ADDRESS

EPA IDENTIFICATION NUMBER

Vickers-Troy  
Vickers, Inc.  
1401 Crooks Rd.  
Troy, MI. 48084

MID 001722552

The General Liability protection provided to Libbey-Owens-Ford Company of 811 Madison Avenue, P.O. Box 799, Toledo, Ohio 43695 under policy number 3ZM 484 350-02 effective 4/1/85, which applies at the captioned location, will be modified effective 4/1/86 to exclude coverage for liability the insured may incur for pollution.

Please accept this written notice as termination of the sudden accidental pollution liability insurance we certified in the Hazardous Waste Facility Certificate of Liability Insurance.

Very truly yours,

*Donna Larsen*

Donna Larsen  
National/International Department  
(Special Risks Underwriting)

DL:lw (0345C)





## LIBBEY-OWENS-FORD COMPANY

twx (810) 442-1750, telex 28-6437

811 MADISON AVENUE, TOLEDO, OHIO 43695

telephone (419) 247-3731

May 14, 1985

REGISTERED MAILHWEB  
RECEIVED  
MAY 20 1985

Mr. Joseph Boyle  
U.S. EPA - Region V  
Federal Building - 5HW13  
230 South Dearborn Street  
Chicago, IL 60604

Re: EPA I.D. No. MID001722552

Dear Mr. Boyle:

The enclosed Certificate of Liability Insurance is hereby sent for the Vickers, Inc., Vickers/Troy facility located at 1401 Crooks Road, Troy, Michigan.

The updated certificate is being provided as the result of the recent renewal of our insurance program. We trust that this certificate, which conforms substantially to the provisions of Subpart H of 40 CFR 265, is satisfactory.

If you have any questions concerning this submittal, please contact Mr. Carl Lohman at (419) 247-4540.

Very truly yours,

T. A. Lenton  
Director of Risk Management

TAL:pw

Encl.

T/5/14/1.9

cc: A. G. Goudreau - Vickers/Troy  
R. E. Vorthmann - Vickers/Omaha  
R. Hagan - Vickers/Troy  
P. W. Fletcher - LOF/Toledo  
File: Vickers/Troy (545)

HAZARDOUS WASTE FACILITY  
CERTIFICATE OF LIABILITY INSURANCE

1.   Name of Insurer:                   American Motorists Insurance Company  
      Address of Insurer:           680 Park Avenue West  
                                      Mansfield, OH 44906

hereby certifies that it has issued liability insurance covering bodily injury and property damage to:

      Name of Insured:               Libbey-Owens-Ford Company  
      Address of Insured:           811 Madison Avenue  
                                     P. O. Box 799  
                                     Toledo, OH 43695

in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at (various locations - see below) for "sudden accidental occurrences." The limits of liability are \$1,500,000 each occurrence and \$3,000,000 annual aggregate, inclusive of legal defense costs. The coverage is provided under policy number 3ZM 484 350-02 issued on 4/1/85. The effective date of said policy is 4/1/85.

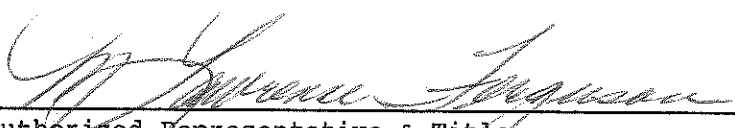
2.   The Insurer further certifies the following with respect to the insurance described in Paragraph 1.
- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
  - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
  - (c) Whenever requested by the Regional Administration of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish the Regional Administration a signed duplicate original of the policy and all endorsements.
  - (d) Cancellation of the Insurance, whether by the Insurer or the Insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator (s) of the EPA Region (s) in which the facility (ies) is (are) located..
  - (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is

received by the Commissioner of the Regional Administrator (s) of the EPA Region (s) in which the facility (ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151 (j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

SCHEDULE

| <u>Name of Facility</u>       | <u>Address or Location</u>               | <u>EPA<br/>Identification<br/>Number</u> |
|-------------------------------|--|--|
| Vickers-Troy<br>Vickers, Inc. | 1401 Crooks, Rd.<br>Troy, Michigan 48084 | MID 001722552                            |

  
\_\_\_\_\_  
Authorized Representative & Title

(Type Name) M. Lawrence Ferguson

Name of Insurer: American Motorists Insurance Company

Address of Insurer: Mansfield, Ohio

DL:lw (2599B)





# LIBBEY-OWENS-FORD COMPANY

twx (810) 442-1750, telex 28-6437

811 MADISON AVENUE, TOLEDO, OHIO 43695

telephone (419) 247-3731

March 22, 1985

## REGISTERED MAIL

Mr. Joseph Boyle  
U.S. EPA - Region V  
Federal Building - 5HW13  
230 South Dearborn Street  
Chicago, IL 60604

RECEIVED  
APR 1 1985  
HW EB

Dear Mr. Boyle:

The attached documents are sent pursuant to the financial responsibility assurance demonstration required by 40 CFR 265.143(e)(3), 40 CFR 265.143(e)(10), 40 CFR 265.143(e)(5), 40 CFR 265.147(a)(1)(i), 40 CFR 265.147(b)(2), 40 CFR 265.147(f)(3), and 40 CFR 265.147(f)(5), for Vickers, Incorporated, a Delaware corporation which is a wholly-owned subsidiary of Libbey-Owens-Ford Company.

The attached documents are sent for the following registered TSD facility within your jurisdiction, presently operating under the interim status standards of 40 CFR 265:

|                    |                                    |
|--------------------|------------------------------------|
| Facility Name:     | Vickers-Troy                       |
| Facility Location: | 1401 Crooks Road<br>Troy, MI 48084 |

EPA I.D. No.

MID001722552

The owner-operator of the above facility is:

Vickers, Incorporated  
1401 Crooks Road  
Troy, MI 48084

By letter dated July 26, 1984 from Mr. R. Hagan of Vickers/Troy to Mr. Hugo Berston of U.S. EPA Region V, Vickers/Troy has requested a change in its RCRA status from TSD facility to generator. However, until the Vickers/Troy facility receives formal notification from the U.S. EPA of a change in its RCRA status from TSD facility to generator, these annual submittals will continue in accordance with applicable requirements.

The attached documents provide evidence of financial assurance for closure under 40 CFR 265.143, for post-closure care under 40 CFR 265.145, and for liability coverage for nonsudden accidents occurrences (applicable to the Vickers/Joplin, Joplin, Missouri facility only) through the use of the financial test and corporate letter of guarantee. The financial test is demonstrated, at this time, by the use of the fiscal 1984 financial data for Libbey-Owens-Ford Company. The enclosed financial assurance package consists of:

March 22, 1985  
Mr. Joseph Boyle  
Page 2

- 1) An original, signed written corporate letter of guarantee to the U.S. Environmental Protection Agency following the wording of 40 CFR 264.151(h).
- 2) An original, signed letter from the Chief Financial Officer of Libbey-Owens-Ford Company demonstrating the financial test and following the wording of 40 CFR 264.151(g).
- 3) A copy of an independent certified public accountant's report of an examination of Libbey-Owens-Ford Company's financial statements for the 1984 fiscal year, found on page 28 of the 1984 LOF Annual Report.
- 4) An original, signed special report from the certified public accountant concerning the letter from the Chief Financial Officer of Libbey-Owens-Ford Company.

No  
Report  
Yes  
it is

We provided a Certificate of Liability Insurance evidencing coverage for sudden accidental occurrences for this facility on January 19, 1984. There has been no change with the extent of coverage demonstrated by this certificate.

If you have any questions concerning this submittal, please contact Mr. Carl Lohman at (419) 247-4540.

Very truly yours,



T. A. Lenton  
Director of Risk Management

TAL:pw  
Encl.  
SP/1.46

cc: Mr. Del Rector  
Hazardous Waste Division  
Dept. of Natural Resources  
Stevens T. Mason Bldg.  
Box 30028  
Lansing, MI 48909

Denise Baker - U.S. EPA Region V

T. N. Duncan - Vickers/Troy  
L. J. Lyng - Vickers/Troy  
M. Goudreau - Vickers/Troy  
T. Van Meter - Vickers/Troy  
R. Hagan - Vickers/Troy

R. E. Vorthmann - Vickers/Omaha  
N. A. Athanitis - LOF/Toledo  
P. W. Fletcher - LOF/Toledo  
D. M. Risley - LOF/Toledo



# LIBBEY-OWENS-FORD COMPANY

twx (810) 442-1750, telex 28-6437

811 MADISON AVENUE, TOLEDO, OHIO 43695

telephone (419) 247-3731

March 22, 1985

## Corporate Guarantee for Closure or Post-Closure Care

Guarantee made this March 22, 1985 by Libbey-Owens-Ford Company, a business corporation organized under the laws of the State of Ohio herein referred to as guarantor, to the United States Environmental Protection Agency (EPA), obligee, on behalf of our subsidiary, Vickers/Troy, Vickers, Incorporated 1401 Crooks Rd., Troy, Michigan 48084.

### Recitals

1. Guarantor meets or exceeds the financial test criteria and agrees to comply with the reporting requirements for guarantors as specified in 40 CFR 264.143(f), 265.143(e), and 265.145(e).
2. Vickers/Troy, Vickers, Incorporated owns or operates the following hazardous waste management facility covered by this guarantee:

| <u>Facility</u>  | <u>Region</u> | <u>EPA Identification No.</u> | <u>Closure Cost Estimate</u> |
|--|---------------|-------------------------------|------------------------------|
| Vickers/Troy<br>Vickers, Incorporated<br>1401 Crooks Rd.<br>Troy, MI 48084 | IV            | MID001722552                  | \$26,871                     |

3. "Closure plans" and "post-closure plans" as used below refer to the plans maintained as required by Subpart G of 40 CFR Parts 264 and 265 for the closure and post-closure care of facilities as identified above.
4. For value received from Vickers/Troy, Vickers, Incorporated, guarantor guarantees to MSDNR that in the event that Vickers/Troy, Vickers, Incorporated fails to perform "closure" of the above facility in accordance with the closure or post-closure plans and other permit or interim status requirements whenever required to do so, the guarantor shall do so or establish a trust fund as specified in Subpart H of the 40 CFR Parts 264 or 265, as applicable, in the name of Vickers/Troy, Vickers, Incorporated in the amount of the current closure or post-closure cost estimates as specified in Subpart H of 40 CFR Parts 264 and 265.



5. Guarantor agrees that if, at the end of any fiscal year before termination of this guarantee, the guarantor fails to meet the financial test criteria, guarantor shall send within 90 days, by certified mail, notice to the EPA Regional Administrator for the Region in which the facility is located, and to Vickers/Troy, Vickers, Incorporated that he intends to provide alternate financial assurance as specified in Subpart H of 40 CFR Parts 264 or 265, as applicable, in the name of Vickers/Troy, Vickers, Incorporated. Within 120 days after the end of such fiscal year, the guarantor shall establish such financial assurance unless Vickers/Troy, Vickers, Incorporated has done so.
6. The guarantor agrees to notify the EPA Regional Administrator by certified mail, of a voluntary or involuntary proceeding under Title 11 (Bankruptcy), U.S. Code, naming guarantor as debtor, within 10 days after commencement of the proceeding.
7. Guarantor agrees that within 30 days after being notified by the EPA Regional Administrator of a determination that guarantor no longer meets the financial test criteria or that he is disallowed from continuing as a guarantor of closure or post-closure care, he shall establish alternate financial assurance as specified in Subpart H of 40 CFR Parts 264 or 265, as applicable, in the name of Vickers/Troy, Vickers, Incorporated unless Vickers/Troy, Vickers, Incorporated has done so.
8. Guarantor agrees to remain bound under this guarantee notwithstanding any or all of the following: Amendment or modification of the closure or post-closure plan, amendment or modification of the permit, the extension or reduction of the time of performance of closure or post-closure, or any other modification or alteration of an obligation of the owner or operator pursuant to 40 CFR Parts 264 or 265.
9. Guarantor agrees to remain bound under this guarantee for so long as Vickers/Troy, Vickers, Incorporated must comply with the applicable financial assurance requirements of Subpart H of 40 CFR Parts 264 and 265 for the above-listed facilities, except that guarantor may cancel this guarantee by sending notice by certified mail to the EPA Regional Administrator for the Region in which the facility is located and to Vickers/Troy, Vickers, Incorporated, such cancellation to become effective no earlier than 120 days after receipt of such notice by both EPA and Vickers/Troy, Vickers, Incorporated as evidenced by the return receipts.
10. Guarantor agrees that if Vickers/Troy, Vickers, Incorporated fails to provide alternate financial assurance as specified in Subpart H of 40 CFR Parts 264 or 265, as applicable, and obtain written approval of such assurance from the EPA Regional Administrator within 90 days after a notice of cancellation by the guarantor is received by an EPA Regional Administrator from guarantor, guarantor shall provide such alternate financial assurance in the name of Vickers/Troy, Vickers, Incorporated.

March 22, 1985

Page 3

11. Guarantor expressly waives notice of acceptance of this guarantee by the EPA or by Vickers/Troy, Vickers, Incorporated. Guarantor also expressly waives notice of amendments or modifications of the closure and/or post-closure plan and of amendments or modifications of the facility permit.

I hereby certify that the wording of this guarantee is identical to the wording specified in 40 CFR 264.151(h) as such regulations were constituted on the date first above written.

Effective date: March 22, 1985

Libbey-Owens-Ford Company

Stephen W. Nagy  
Stephen W. Nagy  
Vice President - Finance

Signature of witness or notary: Mary Sue Gotsch

SP/1.47



# LIBBEY-OWENS-FORD COMPANY

twx (810) 442-1750, telex 28-6437

811 MADISON AVENUE, TOLEDO, OHIO 43695

telephone (419) 247-3731

March 22, 1985

Mr. Joseph Boyle  
U.S. EPA - Region V  
Federal Building - 5HW13  
230 South Dearborn St.  
Chicago, IL 60604

Dear Mr. Boyle:

I am the Chief Financial Officer of Libbey-Owens-Ford Company, 811 Madison Ave., P.O. Box 799, Toledo, OH 43695. This letter is in support of this firm's use of the financial test to demonstrate financial responsibility for liability coverage and closure and/or post-closure care, as specified in Subpart H of 40 CFR Parts 264 and 265.

The owner or operator identified above is the owner or operator of the following facilities for which liability coverage is being demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265:

| <u>Facility</u>  | <u>Region</u> | <u>EPA Identification No.</u> | <u>Liability Coverage for<br/>Nonsudden Accidental<br/>Occurrences Only<br/>(Annual Aggregate)</u> |
|--|---------------|-------------------------------|--|
| Vickers/Joplin<br>Vickers, Incorporated<br>2800 West Tenth St.<br>Joplin, MO 64801 | VII           | MOD007155781                  | \$6,000,000  |

1. This firm is the owner or operator of the following facilities for which financial assurance for closure or post-closure care is demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by the test are shown for each facility:  
none.
2. This firm guarantees, through the corporate guarantee specified in Subpart H of 40 CFR Parts 264 and 265, the closure or post-closure care of the following facilities owned or operated by subsidiaries of this firm. The current cost estimates for the closure or post-closure care so guaranteed are shown for each facility:



| <u>Facility</u>  | <u>Region</u> | <u>EPA Identification No.</u> | <u>Closure Cost Estimate</u> |
|--|---------------|-------------------------------|------------------------------|
| Vickers/Troy<br>Vickers, Incorporated<br>1401 Crooks Rd.<br>Troy, MI 48084 | V             | MID001722552                  | \$26,871                     |

3. In states where EPA is not administering the financial requirements of Subpart H of 40 CFR Parts 264 and 265, this firm, as owner or operator of guarantor, is demonstrating financial assurance for the closure or post-closure care of the following facilities through the use of a test equivalent or substantially equivalent to the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by such a test are shown for each facility:

| <u>Facility</u>  | <u>Region</u> | <u>EPA Identification No.</u> | <u>Closure Cost Estimate</u> |
|--|---------------|-------------------------------|------------------------------|
| Vickers/Omaha<br>Vickers, Incorporated<br>6600 N. 72nd St.<br>Omaha, NB 68122        | VII           | NED007286198                  | \$ 20,268                    |
| Vickers/Jackson<br>Vickers, Incorporated<br>5353 Highland Drive<br>Jackson, MS 39206 | IV            | MSD033359266                  | 18,265                       |
| Vickers/Joplin<br>Vickers, Incorporated<br>2800 West Tenth St.<br>Joplin, MO 64801   | VII           | MOD007155781                  | 1,275,000                    |
| LOF Plastics Inc.<br>Pioneer Plastics Div.<br>Pionite Road<br>Auburn, ME 04210       | I             | MED040228983                  | 10,352                       |

4. This firm is the owner or operator of the following hazardous waste management facilities for which financial assurance for closure or, if a disposal facility, post-closure care, is not demonstrated either to EPA or a State through the financial test or any other financial assurance mechanism specified in Subpart H of 40 CFR Parts 264 and 265, or equivalent or substantially equivalent State mechanisms. The current closure and/or post-closure cost estimates not covered by such financial assurance are shown for each facility: none

March 22, 1985  
Mr. Joseph Boyle  
Page 3

This firm is required to file a Form 10K with the Securities and Exchange Commission (SEC) for the latest fiscal year.

The fiscal year of this firm ends on December 31. The figures for the following items marked with an asterisk are derived from this firm's independently audited, year-end financial statements for the latest completed fiscal year, ended December 31, 1984 (see attached Alternative 1).

I hereby certify that the wording of this letter is identical to the wording specified in Subpart H of 40 CFR 264.151(f) as such regulations were constituted on the date shown immediately below.

Effective date: March 22, 1985

Libbey-Owens-Ford Company

Stephen W. Nagy  
Stephen W. Nagy  
Vice President - Finance

Signature of witness or notary:

Mary Sue Otagi

SP/1.48

ALTERNATIVE 1

1. Sum of current closure and post-closure cost estimates  
(total of all cost estimates listed above). . . . . \$ 1,350,756
2. Amount of annual aggregate liability coverage to be  
demonstrated. . . . . \$ 6,000,000
3. Sum of lines 1 and 2. . . . . \$ 7,350,756
- \*4. Total liabilities (if any portion of your closure or  
post-closure cost estimates is included in your total  
liabilities, you may deduct that portion from this line  
and add that amount to lines 5 and 6) . . . . . \$ 541,775,000
- \*5. Tangible net worth. . . . . \$ 518,600,000
- \*6. Net worth . . . . . \$ 529,367,000
- \*7. Current assets. . . . . \$ 653,519,000
- \*8. Current liabilities . . . . . \$ 293,757,000
- \*9. Net working capital (line 7 minus line 8) . . . . . \$ 359,762,000
- \*10. The sum of net income plus depreciation,  
depletion, and amortization . . . . . \$ 121,833,000
- \*11. Total assets in U.S. (required only if less than  
90% of assets are located in the U.S.). . . . . \$ 922,611,000

- |   | Yes        | No        |
|---|------------|-----------|
| *12. Is line 5 at least \$10 million? . . . . .   | <u>Yes</u> |           |
| *13. Is line 5 at least 6 times line 3? . . . . .   | <u>Yes</u> |           |
| *14. Is line 9 at least 6 times line 3? . . . . .   | <u>Yes</u> |           |
| *15. Are at least 90% of assets located<br>in the U.S.? If not, complete line 16. . . . . |            | <u>No</u> |
| *16. Is line 11 at least 6 times line 3? . . . . .  | <u>Yes</u> |           |
| *17. Is line 4 divided by line 6 less than 2.0? . . . . .                                 | <u>Yes</u> |           |
| *18. Is line 10 divided by line 4 greater than 0.1? . . . . .                             | <u>Yes</u> |           |
| *19. Is line 7 divided by line 8 greater than 1.5? . . . . .                              | <u>Yes</u> |           |

\* From audited year-end statements



# Ernst & Whinney

1900 Toledo Trust Building  
Toledo, Ohio 43604

419/241-8800

March 22, 1985

Mr. Joseph Boyle  
U.S. EPA-Region V  
Federal Building 5HW 13  
230 South Dearborn Street  
Chicago, IL 60604

Libbey-Owens-Ford Company  
Subpart H of 40 CFR Parts 264 and 265

Dear Mr. Boyle:

With regard to the financial test for liability coverage and closure, and the Corporate guarantee for closure, the following is applicable:

1. We are the independent certified public accountants for Libbey-Owens-Ford Company.
2. The consolidated financial statements of Libbey-Owens-Ford Company and subsidiaries for the year ended December 31, 1984, with our opinion thereon dated January 23, 1985, are contained in a separate section of this filing.
3. We have compared line items 4 through 11 on schedule "Alternative I," which is an exhibit of the chief financial officer's letter, to the consolidated financial statements mentioned in 2 above and have determined that these amounts have been derived from these financial statements.

The financial statements mentioned in 2 above are presented in conformity with generally accepted accounting principles.

Very truly yours,

*Ernst & Whinney*  
*by Daniel L. Frick*  
Daniel L. Frick  
Partner



**LIBBEY-OWENS-FORD COMPANY**

twx (810) 442-1750, telex 28-6437

811 MADISON AVENUE, TOLEDO, OHIO 43695

telephone (419) 247-3731

March 27, 1984

REGISTERED MAIL

Mr. Joseph Boyle  
U.S. EPA - Region V  
Federal Building - 5HW13  
230 South Dearborn Street  
Chicago, IL 60604

Dear Mr. Boyle:

The attached documents are sent pursuant to the financial responsibility assurance demonstration required by 40 CFR 265.143(e)(3), 40 CFR 265.143(e)(10), 40 CFR 265.143(e)(5), and 40 CFR 265.147(a)(1)(i) for Vickers, Incorporated, a Delaware corporation which is a wholly-owned subsidiary of Libbey-Owens-Ford Company.

The attached documents are sent for the following registered TSD facility within your jurisdiction, presently operating under the interim status standards of 40 CFR 265.

|                    |  |
|--------------------|--|
| Facility Name:     | Vickers-Troy                             |
| Facility Location: | 1401 Crooks Road<br>Troy, Michigan 48084 |

|              |              |
|--------------|--------------|
| EPA I.D. No. | MID001722552 |
|--------------|--------------|

The owner-operator of the above facility is:

Vickers, Incorporated  
1401 Crooks Road  
Troy, Michigan 48084

The attached documents provide evidence of financial assurance for closure under 40 CFR 265.143 and for post-closure care under 40 CFR 265.145 through the use of the financial test and corporate letter of guarantee. The financial test is demonstrated, at this time, by the use of the fiscal 1983 financial data for Libbey-Owens-Ford Company. The enclosed financial assurance package consists of:

**LIBBEY-OWENS-FORD COMPANY**

March 27, 1984  
Mr. Joseph Boyle  
Page 2

- 1) An original, signed written corporate letter of guarantee to the U.S. Environmental Protection Agency following the wording of 40 CFR 264.15(h).
- 2) An original, signed letter from the Chief Financial Officer of Libbey-Owens-Ford Company demonstrating the financial test and following the wording of 40 CFR 264.151(f).
- 3) A copy of an independent certified public accountant's report of an examination of Libbey-Owens-Ford financial statement for the 1983 fiscal year.
- 4) An original, signed special report from the certified public accountant concerning the letter from the Chief Financial Officer of Libbey-Owens-Ford Company.
- 5) An original, signed Certificate of Liability Insurance demonstrating coverage for sudden accidental occurrences following the wording of 40 CFR 264.151(j).

If you have any questions concerning this submittal, please contact Mr. Carl Lohman at (419) 247-4540.

Very truly yours,



T. A. Lenton  
Director of Risk Management

TAL:pw  
Encl.

cc: Mr. Del Rector  
Hazardous Waste Division  
Dept. of Natural Resources  
Stevens T. Mason Bldg.  
Box 30028  
Lansing, MI 48909

T. Duncan/Vickers-Troy  
L. J. Lyng/Vickers-Troy  
M. Goudreau/Vickers-Troy  
T. Van Meter/Vickers-Troy  
R. Hagen/Vickers-Troy  
R. E. Vorthmann/Vickers-Omaha  
N. A. Athanitis/LOF-Toledo  
P. W. Fletcher/LOF-Toledo





# LIBBEY-OWENS-FORD COMPANY

twx (810) 442-1750, telex 28-6437

811 MADISON AVENUE, TOLEDO, OHIO 43695

telephone (419) 247-3731

March 27, 1984

## Corporate Guarantee for Closure or Post-Closure Care

Guarantee made this March 27, 1984 by Libbey-Owens-Ford Company, a business corporation organized under the laws of the State of Ohio, herein referred to as guarantor, to the United States Environmental Protection Agency (EPA), obligee on behalf of our subsidiary, Vickers-Troy, Vickers, Incorporated 1481 Crooks Rd., Troy, Michigan 48084.

### Recitals

1. Guarantor meets or exceeds the financial test criteria and agrees to comply with the reporting requirements for guarantors as specified in 40 CFR 264.143(f), 264.145(f), 265.143(e), and 265.145(e).
2. Vickers-Troy, Vickers, Incorporated owns or operates the following hazardous waste management facility covered by this guarantee:

| <u>Facility</u>  | <u>Region</u> | <u>EPA Identification No.</u> | <u>Closure Cost Est.</u> |
|--|---------------|-------------------------------|--------------------------|
| Vickers-Troy<br>Vickers, Incorporated<br>1401 Crooks Rd.<br>Troy, MI 48084 | V             | MID001722552                  | \$ 15,489.00             |

3. "Closure plans" and "post-closure plans" as used below refer to the plans maintained as required by Subpart G of 40 CFR Parts 264 and 265 for the closure and post-closure care of facilities as identified above.
4. For value received from Vickers-Troy, Vickers, Incorporated, guarantor guarantees to EPA that in the event that Vickers-Troy, Vickers, Incorporated fails to perform "closure" of the above facility in accordance with the closure or post-closure plans and other permit or interim status requirements whenever required to do so, the guarantor shall do so or establish a trust fund as specified in Subpart H of 40 CFR Parts 264 or 265 as applicable, in the name of Vickers-Troy, Vickers, Incorporated, in the amount of the current closure or post-closure cost estimates as specified in Subpart H of 40 CFR Parts 264 and 265.

**LIBBEY-OWENS-FORD COMPANY**

March 27, 1984

Page 2

5. Guarantor agrees that if, at the end of any fiscal year before termination of this guarantee, the guarantor fails to meet the financial test criteria, guarantor shall send within 90 days, by certified mail, notice to the EPA Regional Administrator for the region in which the facility is located, and to Vickers-Troy, Vickers, Incorporated that he intends to provide alternate financial assurance as specified in Subpart H of 40 CFR Parts 264 or 265, as applicable in the name of Vickers-Troy, Vickers, Incorporated. Within 120 days after the end of such fiscal year, the guarantor shall establish such financial assurance unless Vickers-Troy, Vickers, Incorporated has done so.
6. The guarantor agrees to notify the EPA Regional Administrator by certified mail, of a voluntary or involuntary proceeding under Title 11 (Bankruptcy), U.S. Code, naming guarantor as debtor, within 10 days after commencement of the proceeding.
7. Guarantor agrees that within 30 days after being notified by an EPA Regional Administrator of a determination that guarantor no longer meets the financial test criteria or that he is disallowed from continuing as a guarantor of closure or post-closure care, he shall establish alternate financial assurance as specified in Subpart H of 40 CFR Parts 264 or 265, as applicable, in the name of Vickers-Troy, Vickers, Incorporated unless Vickers-Troy, Vickers, Incorporated has done so.
8. Guarantor agrees to remain bound under this guarantee notwithstanding any or all of the following: Amendment or modification of the closure or post-closure plan, amendment or modification of the permit, the extension or reduction of the time of performance of closure or post-closure, or any other modification or alteration of an obligation of the owner or operator pursuant to 40 CFR Parts 264 or 265.
9. Guarantor agrees to remain bound under this guarantee for so long as Vickers-Troy, Vickers, Incorporated must comply with the applicable financial assurance requirements of Subpart H of 40 CFR Parts 264 and 265 for the above-listed facilities, except that guarantor may cancel this guarantee by sending notice by certified mail to the EPA Regional Administrator for the Region in which the facility is located and to Vickers-Troy, Vickers, Incorporated such cancellation to become effective no earlier than 120 days after receipt of such notice by both EPA and Vickers-Troy, Vickers, Incorporated as evidenced by the return receipts.
10. Guarantor agrees that if Vickers-Troy, Vickers, Incorporated fails to provide alternate financial assurance as specified in Subpart H of 40 CFR Parts 264 or 265, as applicable, and obtain written approval of such assurance from the EPA Regional Administrator within 90 days after a notice of cancellation by the guarantor is received by an EPA Regional Administrator from guarantor, guarantor shall provide such alternate financial assurance in the name of Vickers-Troy, Vickers, Incorporated.

March 27, 1984  
Page 3

11. Guarantor expressly waives notice of acceptance of this guarantee by the EPA or by Vickers-Troy, Vickers, Incorporated. Guarantor also expressly waives notice of amendments or modifications of the closure and/or post-closure plan and of amendments or modifications of the facility permit.

I hereby certify that the wording of this guarantee is identical to the wording specified in 40 CFR 264.151(h) as such regulations were constituted on the date first above written.

Effective date: March 27, 1984

Libbey-Owens-Ford Company

Stephen W. Nagy  
Stephen W. Nagy  
Vice President - Finance

Signature of witness or notary: Mary Sue Gotsch





# LIBBEY-OWENS-FORD COMPANY

twx (810) 442-1750, telex 28-6437

811 MADISON AVENUE, TOLEDO, OHIO 43695

telephone (419) 247-3731

March 27, 1984

Mr. Joseph Boyle  
U.S. EPA - Region V  
Federal Building - 5HW13  
230 South Dearborn St.  
Chicago, IL 60604

Dear Mr. Boyle:

I am the Chief Financial Officer of Libbey-Owens-Ford Company, 811 Madison Avenue, P.O. Box 799, Toledo, Ohio 43695. This letter is in support of this firm's use of the financial test to demonstrate financial assurance, as specified in Subpart H of 40 CFR Parts 264 and 265.

1. This firm is the owner or operator of the following facilities for which financial assurance for closure or post-closure care is demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by the test are shown for each facility: none
2. This firm guarantees, through the corporate guarantee specified in Subpart H of 40 CFR Parts 264 and 265, the closure or post-closure care of the following facilities owned or operated by subsidiaries of this firm. The current cost estimates for the closure or post-closure care so guaranteed are shown for each facility:

| <u>Facility</u>  | <u>Region</u> | <u>EPA Identification No.</u> | <u>Closure Cost Est.</u> |
|--|---------------|-------------------------------|--------------------------|
| Vickers-Troy<br>Vickers, Incorporated<br>1401 Crooks Rd.<br>Troy, MI 48084 | V             | MID001722552                  | \$15,489.00              |

3. In states where EPA is not administering the financial requirements of Subpart H of 40 CFR Parts 264 or 265, this firm, as owner or operator or guarantor, is demonstrating financial assurance for the closure or post-closure care of the following facilities through the use of a test equivalent or substantially equivalent to the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by such a test are shown for each facility:

## LIBBEY-OWENS-FORD COMPANY

March 27, 1984

Page 2

| <u>Facility</u>  | <u>Region</u> | <u>EPA Identification No.</u> | <u>Closure Cost Est.</u> |
|--|---------------|-------------------------------|--------------------------|
| Vickers-Omaha<br>Vickers, Incorporated<br>6600 N. 72nd St.<br>Omaha, NB 68122        | VII           | NED007286198                  | \$ 17,785.00             |
| Vickers-Tulsa<br>Vickers, Incorporated<br>7217 E. Pine St.<br>Tulsa, OK 74112        | VI            | OKD00722945                   | 3,000.00                 |
| Vickers-Jackson<br>Vickers, Incorporated<br>5353 Highland Drive<br>Jackson, MS 39206 | IV            | MSD033359266                  | 16,608.00                |
| Vickers-Searcy<br>Vickers, Incorporated<br>400 East Lincoln St.<br>Searcy, AR 72143  | VI            | ARD006355341                  | 35,504.00                |
| Vickers-Joplin<br>Vickers, Incorporated<br>2800 West Tenth St.<br>Joplin, MO 64801   | VII           | MOD007155781                  | 247,168.00               |
| LOF Plastics Inc.<br>Pioneer Plastics Div.<br>Pionite Road<br>Auburn, ME 04210       | I             | MED040228983                  | 10,000.00                |

4. This firm is the owner or operator of the following hazardous waste management facilities for which financial assurance for closure or, if a disposal facility, post-closure care, is not demonstrated either to EPA or a State through the financial test or any other financial assurance mechanism specified in Subpart H of 40 CFR Parts 264 and 265, or equivalent or substantially equivalent State mechanisms. The current closure and/or post-closure cost estimates not covered by such financial assurance are shown for each facility: none

This firm is required to file a Form 10K with the Securities and Exchange Commission (SEC) for the latest fiscal year.

The fiscal year of this firm ends on December 31. The figures for the following items marked with an asterisk are derived from this firm's independently audited year-end financial statements for the latest completed fiscal year, ended December 31, 1983 (see attached Alternative 1).


**LIBBEY-OWENS-FORD COMPANY**

March 27, 1984  
Page 3

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR 264.151(f) as such regulations were constituted on the date shown immediately below.

Effective date: March 27, 1984

Libbey-Owens-Ford Company

  
\_\_\_\_\_  
Stephen W. Nagy  
Vice President - Finance

Signature of witness or notary: Mary Sue Gotski



ALTERNATIVE I

1. Sum of current closure and post-closure cost estimates  
(total of all cost estimates shown in the four paragraphs  
above) . . . . . \$ 345,554
- \*2. Total liabilities (if any portion of the closure or post-  
closure cost estimates is included in total liabilities,  
you may deduct the amount of that portion from this line  
and add that amount to lines 3 and 4). . . . . 345,104,493
- \*3. Tangible net worth . . . . . 480,003,611
- \*4. Net worth. . . . . 493,001,469
- \*5. Current assets . . . . . 497,933,736
- \*6. Current liabilities. . . . . 165,621,258
7. Net working capital (line 5 minus line 6). . . . . 332,312,478
- \*8. The net income plus depreciation, depletion,  
and amortization . . . . . 80,459,490
- \*9. Total assets in U.S. (required only if less than  
90% of firm's assets are located in the U.S.). . . . . 718,122,000

- |   | Yes        | No        |
|---|------------|-----------|
| 10. Is line 3 at least \$10 million? . . . . .  | <u>Yes</u> |           |
| 11. Is line 3 at least 6 times line 1? . . . . .  | <u>Yes</u> |           |
| 12. Is line 7 at least 6 times line 1? . . . . .  | <u>Yes</u> |           |
| *13. Are at least 90% of firm's assets located<br>in the U.S.? If not, complete line 14 . . . . . |            | <u>No</u> |
| 14. Is line 9 at least 6 times line 1? . . . . .  | <u>Yes</u> |           |
| 15. Is line 2 divided by line 4 less than 2.0? . . . . .  | <u>Yes</u> |           |
| 16. Is line 8 divided by line 2 greater than 0.1? . . . . .                                       | <u>Yes</u> |           |
| 17. Is line 5 divided by line 6 greater than 1.5? . . . . .                                       | <u>Yes</u> |           |

\*From audited year-end statements

# Ernst & Whinney

1900 Toledo Trust Building  
Toledo, Ohio 43604

419/241-8800

March 27, 1984

Mr. Joseph Boyle  
U.S. EPA-Region V  
Federal Building 5HW 13  
230 South Dearborn Street  
Chicago, IL 60604

Libbey-Owens-Ford Company  
Subpart H of 40 CFR Parts 264 and 265

Dear Mr. Boyle:

With regard to the financial test and Corporate guarantee for closure, the following is applicable:

1. We are the independent certified public accountants for Libbey-Owens-Ford Company.
2. The consolidated financial statements of Libbey-Owens-Ford Company and subsidiaries for the year ended December 31, 1983, with our opinion thereon, are contained in a separate section of this filing.
3. We have compared line items 2 through 9 on schedule "Alternative I", which is an exhibit of the chief financial officer's letter, to the consolidated financial statements mentioned in 2 above and have determined that these amounts have been derived from these financial statements.

The financial statements mentioned in 2 above are presented in conformity with generally accepted accounting principles.

Very truly yours,

*Ernst & Whinney*  
*by Daniel L. Frick*  
Daniel L. Frick  
Partner

HAZARDOUS WASTE FACILITY  
CERTIFICATE OF LIABILITY INSURANCE

1. Name of Insurer: American Motorists Insurance Co.  
Address of Insurer: 680 Park Avenue West  
Mansfield, OH 44906

hereby certifies that it has issued liability insurance covering  
bodily injury and property damage to:

Name of Insured: Libbey-Owens-Ford Company  
Address of Insured: 811 Madison Avenue  
Toledo, OH 43698

in connection with the insured's obligation to demonstrate  
financial responsibility under 40 CFR 264.147 or 265.147. The  
coverage applies at (Various Locations - See Below) for "sudden  
accidental occurrences." The limits of liability are \$1,000,000  
each occurrence and \$2,000,000 annual aggregate, exclusive of  
legal defense costs. The coverage is provided under policy  
number 3ZM 484 350-01 issued on 4/1/84. The effective date of  
said policy is 4/1/84.

2. The insurer further certifies the following with respect to  
the insurance described in Paragraph 1:
- (a) Bankruptcy or insolvency of the insured shall not  
relieve the Insurer of its obligation under the policy.
  - (b) The Insurer is liable for the payment of accounts  
within any deductible applicable to the policy, with a  
right of reimbursement by the Insured for any such  
payment made by the Insurer. The provision does not  
apply with respect to that amount of any deductible for  
which coverage is demonstrated as specified in 40 CFR  
264.147(f) or 265.147(f).
  - (c) Whenever requested by Regional Administrator of the  
U.S. Environmental Protection Agency (EPA), the Insurer  
agrees to furnish the Regional Administrator a signed  
duplicate original of the policy and all endorsements.
  - (d) Cancellation of the insurance, whether by the Insurer  
or the insured, will be effective only upon written  
notice and only after the expiration of sixty (60) days  
after a copy of such written notice is received by the  
Regional Administrator(s) of the EPA Region (s) in  
which the facility (ies) is (are) located.



- (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region (s) in which the facility (ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

SCHEDULE

| <u>Name of Facility</u>       | <u>Address or Location</u>              | <u>EPA<br/>Identification<br/>Number</u> |
|-------------------------------|---|--|
| Vickers-Troy<br>Vickers, Inc. | 1401 Crooks Rd.<br>Troy, Michigan 48084 | MID 001722552                            |

M. Lawrence Ferguson, Manager, SRH  
Authorized Representative & Title

(Type Name) M. Lawrence Ferguson

Name of Insurer: American Motorists Insurance Co.

Address of Insurer: Mansfield, Ohio



**LIBBEY-OWENS-FORD COMPANY**

twx (810) 442-1750, telex 28-6437

811 MADISON AVENUE, TOLEDO, OHIO 43695

telephone (419) 247-3731

January 19, 1984

REGISTERED MAIL

Mr. Joseph Boyle  
U.S. EPA - Region V  
Federal Building - 5HW13  
230 South Dearborn Street  
Chicago, IL 60604

Dear Mr. Boyle:

The attached certificates of liability insurance are hereby submitted to your agency to demonstrate evidence of compliance with the liability requirements of 40 CFR 265.147(a) for the Vickers-Troy facility of Vickers Incorporated. Vickers Incorporated is a subsidiary of Libbey-Owens-Ford Company which was acquired from Sperry Corporation on January 1, 1984. Vickers-Troy is a registered TSD facility within your jurisdiction located at 1401 Crooks Road, Troy, Michigan 48084. Vickers-Troy has been assigned the EPA Identification Number of **MID001722552**.

The attached certificates supplement our December 23, 1983 package of financial assurance documents for closure submitted pursuant to 40 CFR 265.143 for Vickers-Troy. In our December 23rd transmittal, we indicated that evidence of liability insurance coverage for sudden accidental occurrences would be sent to your agency upon receipt from our insurers. The American Motorists Insurance Company and the Northbrook Excess and Surplus Insurance Company certificates provide evidence of the coverage required under 40 CFR 265.147 (a).

We trust that the enclosed material, in conjunction with our December 23, 1983 package, completes the demonstration of financial responsibility assurance required under 40 CFR 265.143 (e) (3), 40 CFR 265.143 (10), and 40 CFR 265.147 (a) (1) (i) for Vickers-Troy, Vickers Incorporated.

**RECEIVED**  
JAN 25 1984

**WASTE MANAGEMENT  
BRANCH**

**LIBBEY-OWENS-FORD COMPANY**

January 19, 1984  
Mr. Joseph Boyle  
Page 2

If you have any questions concerning this matter, I ask that you contact Mr. Carl Lohman of my staff at (419) 247-4540. We will update and re-submit the financial assurance package within 90 days after the close of the 1983 fiscal year, which occurred on December 31, 1983.

Very truly yours,

*N.A. Athanitis for*

T. A. Lenton  
Director of Risk Management

TAL:pw  
Encl.

cc: Mr. Del Rector  
Hazardous Waste Division  
Department of Natural Resources  
Stevens T. Masen Bldg.  
P.O. Box 30028  
Lansing, MI 48909

L. J. Lyng/Vickers-Troy  
R. E. Vorthmann/Vickers-Omaha  
T. N. Duncan/Vickers-Troy  
E. D. McGahren, Jr./Sperry-NY  
N. A. Athanitis/LOF-Toledo  
P. W. Fletcher/LOF-Toledo



HAZARDOUS WASTE FACILITY  
CERTIFICATE OF LIABILITY INSURANCE

1. Name of Insurer: American Motorists Insurance Company  
Address of Insurer: 680 Park Avenue West  
Mansfield, OH 44906

hereby certifies that it has issued liability insurance covering bodily injury and property damage to:

Name of Insured: Libbey-Owens-Ford-Company  
Address of Insured: 811 Madison Avenue  
Toledo, OH 43695

in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at (Various Locations - See Below) for "sudden accidental occurrences." The limits of liability are \$1,000,000 each occurrence and \$1,000,000 annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number 3ZM484350 issued on 4/1/83. The effective date of said policy is 4/1/83.

2. The insurer further certifies the following with respect to the insurance described in Paragraph 1:
- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
  - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the Insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
  - (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish the Regional Administrator a signed duplicate original of the policy and all endorsements.
  - (d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.
  - (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

SCHEDULE

| <u>Name of Facility</u>       | <u>Address or Location</u>              | <u>EPA<br/>Identification<br/>Number</u> |
|-------------------------------|---|--|
| Vickers-Troy<br>Vickers, Inc. | 1401 Crooks Rd.<br>Troy, Michigan 48084 | MID 001722552                            |

M. Lawrence Ferguson - Manager  
Authorized Representative & Title

(Type Name) M. Lawrence Ferguson

Name of Insurer: American Motorists Insurance Co.

Address of Insurer: Mansfield, Ohio

**Northbrook Excess and Surplus Insurance Company**

3 Allstate Commercial Plaza  
51 West Higgins Road  
South Barrington, Illinois 60010  
(312) 551-2000 Telex: 28-3513, 25-3177

**CERTIFICATE OF INSURANCE****STOCK COMPANY**

This document is issued as a matter of information only. The issuance of this document does not make the person or organization to whom it is issued an additional Insured, nor does it modify in any manner the contract of insurance between the Insured and Northbrook Excess and Surplus Insurance Company. Any amendment, change or extension of such contract can be effected only by specific endorsement thereto.

**NAME AND ADDRESS OF BROKER**

Avreco, Inc.  
200 West Monroe Street  
Chicago, Illinois 60606

**NAME AND ADDRESS OF INSURED**

Libbey-Owens-Ford Company  
1401 Crooks Road  
Troy, Michigan 48084  
EPA I.D.#001722552

**POLICY NUMBER(S):** 63 009 132 and 63 009 133

This is to certify that the policy(ies) of insurance listed above has been issued to the Insured named above and is in force at this time:

| COVERAGE                                  | POLICY PERIOD                          | LIMITS OF LIABILITY   |
|---|--|---|
| X UMBRELLA<br>LIABILITY<br><br>63 009 133 | January 1, 1984<br>to<br>April 1, 1984 | \$5,000,000 each occurrence and in the aggregate where applicable excess of underlying insurance scheduled in the policy or \$100,000 self insured retention. |

| COVERAGE                                    | POLICY PERIOD                          | EACH OCCURRENCE  | AGGREGATE |
|---|--|--|-----------|
| X EXCESS<br>UMBRELLA<br>OTHER<br>63 009 132 | January 1, 1984<br>to<br>April 1, 1984 | \$10,000,000 any one occurrence and in the aggregate excess of \$5,000,000 any one occurrence and in the aggregate (where applicable) excess of Primary. |           |





# LIBBEY-OWENS-FORD COMPANY

602  
twx (810) 442-1750, telex 28-6437

811 MADISON AVENUE, TOLEDO, OHIO 43695

telephone (419) 247-3731

December 23, 1983

## REGISTERED MAIL

Mr. Joseph Boyle  
U.S. EPA - Region V  
Federal Building - 5HW13  
230 South Dearborn Street  
Chicago, IL 60604

RECEIVED  
JAN 03 1984  
WASTE MANAGEMENT  
BRANCH

Dear Mr. Boyle:

The attached documents are sent pursuant to the financial responsibility assurance demonstration required by 40 CFR 265.143(e)(3), 40 CFR 265.143(10), and 40 CFR 265.147(a)(1)(i) for Vickers, Incorporated, a Delaware corporation which will become a wholly-owned subsidiary of Libbey-Owens-Ford Company on January 1, 1984.

The enclosed information follows a notice of change of parent corporation ownership and transfer of RCRA Part A Application submitted to you by Mr. Theodore N. Duncan of Vickers, Incorporated on December 19, 1983. The attached documents and the prior notice of change of ownership are sent for the following registered TSD facility within your jurisdiction, presently operating under the interim status standards of 40 CFR 265:

|                    |  |
|--------------------|--|
| Facility Name:     | Vickers-Troy                             |
| Facility Location: | 1401 Crooks Road<br>Troy, Michigan 48084 |

|              |              |
|--------------|--------------|
| EPA I.D. No. | MID001722552 |
|--------------|--------------|

The owner-operator of the above facility is:

Vickers, Incorporated  
1401 Crooks Road  
Troy, Michigan 48084

The attached documents provide evidence of financial assurance for closure under 40 CFR 265.143 and for post-closure care under 40 CFR 265.145 through the use of the financial test and corporate letter of guarantee. The financial test is demonstrated, at this time, by the use of the fiscal 1982 financial data for Libbey-Owens-Ford Company. The enclosed financial assurance package consists of:

- 1) A written corporate letter of guarantee to the U.S. Environmental Protection Agency following the wording of 40 CFR 264.15(h).
- 2) A letter from the Chief Financial Officer of Libbey-Owens-Ford Company demonstrating the financial test and following the wording of 40 CFR 264.151(f).
- 3) A copy of an independent certified public accountant's report on examination of Libbey-Owens-Ford financial statement for the 1982 fiscal year.
- 4) A special report from the certified public accountant concerning the letter from the Chief Financial Officer of Libbey-Owens-Ford Company.
- 5) A Certificate of Liability Insurance demonstrating coverage for sudden accidental occurrences following the wording of 40 CFR 264.151(j) will be submitted as soon as this document becomes available from our insurer.

The content of the enclosed package as described above was discussed with you by Carl Lohman of Libbey-Owens-Ford Company on December 16, 1983 and deemed satisfactory to meet State of Michigan and federal assurance requirements.

If you have any questions concerning this submittal, please contact Mr. Carl Lohman at (419) 247-4540. Libbey-Owens-Ford Company understands that the above submitted information must be updated and re-submitted within 90 days after the close of the 1983 fiscal year, which occurs on December 31, 1983.

Very truly yours,

*T. A. Lenton*

T. A. Lenton  
Director of Risk Management

TAL:pw  
Encl.

cc: Mr. Del Pector  
Hazardous Waste Division  
Dept. of Natural Resources  
Stevens T. Mason Bldg.  
Box 30028  
Lansing, MI 48909

L. J. Lyng/Vickers-Troy  
R. E. Vorthmann/Vickers-Omaha

N. A. Athanitis/LOF-Toledo  
P. W. Fletcher/LOF-Toledo  
E. D. McGahren, Jr./Sperry-NY  
T. N. Duncan/Vickers-Troy



# LIBBEY-OWENS-FORD COMPANY

twx (810) 442-1750, telex 28-6437  
811 MADISON AVENUE, TOLEDO, OHIO 43695  
telephone (419) 247-3731

December 23, 1983

## Corporate Guarantee for Closure or Post-Closure Care

Guarantee made this December 23, 1983 by Libbey-Owens-Ford Company, a business corporation organized under the laws of the State of Ohio, herein referred to as guarantor, to the United States Environmental Protection Agency (EPA), obligee on behalf of our subsidiary, Vickers-Troy, Vickers, Inc., 1481 Crooks Rd., Troy, Michigan 48084.

### Recitals

1. Guarantor meets or exceeds the financial test criteria and agrees to comply with the reporting requirements for guarantors as specified in 40 CFR 264.143(f), 264.145(f), 265.143(e), and 265.145(e).
2. Vickers-Troy, Vickers, Inc. owns or operates the following hazardous waste management facility covered by this guarantee:

| <u>Facility</u>  | <u>Region</u> | <u>EPA Identification No.</u> | <u>Closure Cost Est.</u> |
|--|---------------|-------------------------------|--------------------------|
| Vickers-Troy<br>Vickers, Incorporated<br>1401 Crooks Rd.<br>Troy, MI 48084 | V             | MID001722552                  | \$ 15,489.00             |

3. "Closure plans" and "post-closure plans" as used below refer to the plans maintained as required by Subpart G of 40 CFR Parts 264 and 265 for the closure and post-closure care of facilities as identified above.
4. For value received from Vickers-Troy, Vickers, Inc., guarantor guarantees to EPA that in the event that Vickers-Troy, Vickers, Inc. fails to perform "closure" of the above facility in accordance with the closure or post-closure plans and other permit or interim status requirements whenever required to do so, the guarantor shall do so or establish a trust fund as specified in Subpart H of 40 CFR Parts 264 or 265 as applicable, in the name of Vickers-Troy, Vickers, Inc., in the amount of the current closure or post-closure cost estimates as specified in Subpart H of 40 CFR Parts 264 and 265.



5. Guarantor agrees that if, at the end of any fiscal year before termination of this guarantee, the guarantor fails to meet the financial test criteria, guarantor shall send within 90 days, by certified mail, notice to the EPA Regional Administrator for the region in which the facility is located, and to Vickers-Troy, Vickers, Inc. that he intends to provide alternate financial assurance as specified in Subpart H of 40 CFR Parts 264 or 265, as applicable in the name of Vickers-Troy, Vickers, Inc. Within 120 days after the end of such fiscal year, the guarantor shall establish such financial assurance unless Vickers-Troy, Vickers, Inc. has done so.
6. The guarantor agrees to notify the EPA Regional Administrator by certified mail, of a voluntary or involuntary proceeding under Title 11 (Bankruptcy), U.S. Code, naming guarantor as debtor, within 10 days after commencement of the proceeding.
7. Guarantor agrees that within 30 days after being notified by an EPA Regional Administrator of a determination that guarantor no longer meets the financial test criteria or that he is disallowed from continuing as a guarantor of closure or post-closure care, he shall establish alternate financial assurance as specified in Subpart H of 40 CFR Parts 264 or 265, as applicable, in the name of Vickers-Troy, Vickers, Inc. unless Vickers-Troy, Vickers, Inc. has done so.
8. Guarantor agrees to remain bound under this guarantee notwithstanding any or all of the following: Amendment or modification of the closure or post-closure plan, amendment or modification of the permit, the extension or reduction of the time of performance of closure or post-closure, or any other modification or alteration of an obligation of the owner or operator pursuant to 40 CFR Parts 264 or 265.
9. Guarantor agrees to remain bound under this guarantee for so long as Vickers-Troy, Vickers Inc. must comply with the applicable financial assurance requirements of Subpart H of 40 CFR Parts 264 and 265 for the above-listed facilities, except that guarantor may cancel this guarantee by sending notice by certified mail to the EPA Regional Administrator for the Region in which the facility is located and to Vickers-Troy, Vickers, Inc. such cancellation to become effective no earlier than 120 days after receipt of such notice by both EPA and Vickers-Troy, Vickers, Inc., as evidenced by the return receipts.
10. Guarantor agrees that if Vickers-Troy, Vickers, Inc. fails to provide alternate financial assurance as specified in Subpart H of 40 CFR Parts 264 or 265, as applicable, and obtain written approval of such assurance from the EPA Regional Administrator within 90 days after a notice of cancellation by the guarantor is received by an EPA Regional Administrator from guarantor, guarantor shall provide such alternate financial assurance in the name of Vickers-Troy, Vickers, Inc.
11. Guarantor expressly waives notice of acceptance of this guarantee by the EPA or by Vickers-Troy, Vickers, Inc. Guarantor also expressly waives notice of amendments or modifications of the closure and/or post-closure plan and of amendments or modifications of the facility permit.

December 23, 1983

Page 3

I hereby certify that the wording of this guarantee is identical to the wording specified in 40 CFR 264.151(h) as such regulations were constituted on the date first above written.

Effective date: December 23, 1983

Libbey-Owens-Ford Company

Stephen W. Nagy  
Stephen W. Nagy  
Vice President - Finance

Signature of witness or notary: Victoria A. Willis



# LIBBEY-OWENS-FORD COMPANY

twx (810) 442-1750, telex 28-6437

811 MADISON AVENUE, TOLEDO, OHIO 43695

telephone (419) 247-3731

December 23, 1983

Mr. Joseph Boyle  
U.S. EPA - Region V  
Federal Building - 5HW13  
230 South Dearborn St.  
Chicago, IL 60604

Dear Mr. Boyle:

I am the chief financial officer of Libbey-Owens-Ford Company, 811 Madison Avenue, P.O. Box 799, Toledo, Ohio 43695. This letter is in support of this firm's use of the financial test to demonstrate financial assurance, as specified in Subpart H of 40 CFR Parts 264 and 265.

1. This firm is the owner or operator of the following facilities for which financial assurance for closure or post-closure care is demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by the test are shown for each facility: none
2. This firm guarantees, through the corporate guarantee specified in Subpart H of 40 CFR Parts 264 and 265, the closure or post-closure care of the following facilities owned or operated by subsidiaries of this firm. The current cost estimates for the closure or post-closure care so guaranteed are shown for each facility:

| <u>Facility</u>  | <u>Region</u> | <u>EPA Identification No.</u> | <u>Closure Cost Estimate</u> |
|--|---------------|-------------------------------|------------------------------|
| Vickers-Troy<br>Vickers, Incorporated<br>1401 Crooks Rd.<br>Troy, MI 48084 | V             | MID001722552                  | \$15,489.00                  |

3. In States where EPA is not administering the financial requirements of Subpart H of 40 CFR Parts 264 or 265, this firm, as owner or operator or guarantor, is demonstrating financial assurance for the closure or post-closure care of the following facilities through the use of a test equivalent or substantially equivalent to the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by such a test are shown for each facility:



December 23, 1983

Page 2

| <u>Facility</u>  | <u>Region</u> | <u>EPA Identification No.</u> | <u>Closure Cost Est.</u> |
|--|---------------|-------------------------------|--------------------------|
| Vickers-Omaha<br>Vickers, Incorporated<br>6600 N. 72nd St.<br>Omaha, NB 68122        | VII           | NED007286198                  | \$ 17,785.00             |
| Vickers-Tulsa<br>Vickers, Incorporated<br>7217 E. Pine St.<br>Tulsa, OK 74112        | VI            | OKD007227945                  | 3,000.00                 |
| Vickers-Jackson<br>Vickers, Incorporated<br>5353 Highland Drive<br>Jackson, MI 39206 | IV            | MSD033359266                  | 16,608.00                |
| Vickers-Searcy<br>Vickers, Incorporated<br>400 East Lincoln St.<br>Searcy, AR 72143  | VI            | ARD00635534                   | 35,504.00                |
| Vickers-Joplin<br>Vickers, Incorporated<br>2800 West Tenth St.<br>Joplin, MO 64801   | VII           | MOD007155781                  | 247,168.00               |
| LOF Plastics Inc.<br>Pioneer Plastics Div.<br>Pionite Road<br>Auburn, ME 04210       | I             | MED040228983                  | 10,000.00                |

4. This firm is the owner or operator of the following hazardous waste management facilities for which financial assurance for closure or, if a disposal facility, post-closure care, is not demonstrated either to EPA or a State through the financial test or any other financial assurance mechanism specified in Subpart H of 40 CFR Parts 264 and 265, or equivalent or substantially equivalent State mechanisms. The current closure and/or post-closure cost estimates not covered by such financial assurance are shown for each facility: none

This firm is required to file a Form 10K with the Securities and Exchange Commission (SEC) for the latest fiscal year.

The fiscal year of this firm ends on December 31. The figures for the following items marked with an asterisk are derived from this firm's independently audited year-end financial statements for the latest completed fiscal year, ended December 31, 1982. (See attached Alternative I).

December 23, 1983

Page 3

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR 264.151(f) as such regulations were constituted on the date shown immediately below.

Effective date: December 23, 1983

Libbey-Owens-Ford Company

Stephen W. Nagy  
Stephen W. Nagy  
Vice President - Finance

Signature of witness or notary: Victoria A. Willis

ALTERNATIVE I

1. Sum of current closure and post-closure cost estimates  
(total of all cost estimates shown in the four paragraphs  
above) . . . . . \$ 345,554
- \*2. Total liabilities (if any portion of the closure or post-  
closure cost estimates is included in total liabilities,  
you may deduct the amount of that portion from this line  
and add that amount to lines 3 and 4). . . . . 353,207,343
- \*3. Tangible net worth . . . . . 462,291,579
- \*4. Net worth. . . . . 477,120,339
- \*5. Current assets . . . . . 477,345,582
- \*6. Current liabilities. . . . . 174,771,414
7. Net working capital (line 5 minus line 6). . . . . 302,574,168
- \*8. The net income plus depreciation, depletion,  
and amortization . . . . . 59,919,449
- \*9. Total assets in U.S. (required only if less than  
90% of firm's assets are located in the U.S.). . . . . 698,411,000

- |   | Yes        | No        |
|---|------------|-----------|
| 10. Is line 3 at least \$10 million? . . . . .  | <u>yes</u> |           |
| 11. Is line 3 at least 6 times line 1? . . . . .  | <u>yes</u> |           |
| 12. Is line 7 at least 6 times line 1? . . . . .  | <u>yes</u> |           |
| *13. Are at least 90% of firm's assets located<br>in the U.S.? If not, complete line 14 . . . . . |            | <u>no</u> |
| 14. Is line 9 at least 6 times line 1? . . . . .  | <u>yes</u> |           |
| 15. Is line 2 divided by line 4 less than 2.0? . . . . .  | <u>yes</u> |           |
| 16. Is line 8 divided by line 2 greater than 0.1? . . . . .                                       | <u>yes</u> |           |
| 17. Is line 5 divided by line 6 greater than 1.5? . . . . .                                       | <u>yes</u> |           |

\*From audited year-end statements



# Ernst & Whinney

1900 Toledo Trust Building  
Toledo, Ohio 43604

419/241-8800

December 23, 1983

Mr. Joseph Boyle  
U.S. EPA-Region V  
Federal Building-5HW 13  
230 South Dearborn Street  
Chicago, IL 60604

Libbey-Owens-Ford Company  
Subpart H of 40CFR Parts 264 and 265

Dear Mr. Boyle:

With regard to the financial test and Corporate guarantee for closure, the following is applicable:

1. We are the independent certified public accountants for Libbey-Owens-Ford Company.
2. The consolidated financial statements of Libbey-Owens-Ford Company and subsidiaries for the year ended December 31, 1982, with our opinion thereon, are contained in a separate section of this filing.
3. We have compared line items 2 through 9 on schedule "Alternative I", which is an exhibit of the chief financial officer's letter, to the consolidated financial statements mentioned in 2 above and have determined that these amounts have been derived from these financial statements.

The financial statements mentioned in 2 above are presented in conformity with generally accepted accounting principles.

Very truly yours,

*Ernst & Whinney*  
*by Jim W. Parker*  
Jim W. Parker  
Partner

C.2 Compliance

STATE OF MICHIGAN



JAMES J. BLANCHARD, Governor

S.E. Michigan Field Office  
15500 Sheldon Road  
Northville, MI 48167

DEPARTMENT OF NATURAL RESOURCES

RONALD O. SKOOG, Director

NATURAL RESOURCES COMMISSION  
THOMAS J. ANDERSON  
E. R. CAROLLO  
JACOB A. HOEFER  
STEPHEN F. MONSMA  
HILARY F. SNELL  
PAUL H. WENDLER  
HARRY H. WHITELEY

October 3, 1985

Mr. Richard Hagan  
Vickers, Inc.  
1401 Crooks Road  
Troy, MI 48084

RE: MID 001722552  
RCRA Inspection

Dear Mr. Hagan:

On September 30, 1985, acting as a representative of the United States Environmental Protection Agency, I performed an inspection of your facility located at the above address to evaluate compliance of that facility with the requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA) as amended.

I have determined that your facility has no deficiencies of the requirements of RCRA in the areas reviewed during that inspection.

During my inspection the following items were discussed:

1. You are currently in the process of revising your contingency plan which will be resubmitted to local authorities for emergency response as designated in 40 CFR §265.37. Documentaiton of receipt of the plans will be included with the contingency plan.
2. Though company security has been verbally informed of areas to be inspected and problems to look for during their RCRA required inspections, the company has agreed to document this in writing to assist in the continuance of thorough inspections during staffing changes, etc.
3. The company has requested a change in status from an interim status storage facility to a generator only.
4. A contact has been made by our office staff with Safety-Kleen informing them that full RCRA generator's wastes must be manifested in accordance with RCRA requirements.

Thank you for the cooperation during my visit. If you have any questions, please feel free to contact me at (313) 459-9180.

Sincerely,

Lynne King  
HAZARDOUS WASTE DIVISION

cc: U.S. EPA, Region V  
B. Okwumabua



STATE OF MICHIGAN



WILLIAM G. MILLIKEN, Governor

DEPARTMENT OF NATURAL RESOURCES

STEVENS T. MASON BUILDING, BOX 30028, LANSING, MICHIGAN 48909

HOWARD A. TANNER, Director

August 30, 1982

#823

Resource Recovery Division  
Southeast Michigan Region  
1120 W. State Fair Ave.  
Detroit, MI 48203

NATURAL RESOURCES COMMISSION

CARL T. JOHNSON  
E. M. LAITALA  
JEAN PRIDGEON  
HILARY F. SNELL  
HARRY H. WHITELEY  
JOAN L. WOLFE  
CHARLES G. YOUNGLOVE

Richard Hagan  
Sperry Vickers  
1401 Crooks Road  
Troy, MI 48084

EPA ID No. MID 001722552

Dear Mr. Hagan:

On August 27, 1982, I conducted an inspection of your facility located at 1401 Crooks Road, Troy, MI to evaluate compliance of this facility with requirements of subtitle C of the Resource Conservation and Recovery Act (RCRA) as amended.

As a result of that investigation, it has been determined that the above facility is in violation of the requirements of subtitle C of RCRA. Specifically, the following was found:

1. The training records did not contain the annual review of the initial training as required in 40 CFR Part 265, Subpart B, 265.16(c).

Other minor areas which need to be addressed are as follows:

1. The facility inspection log should include the time of inspection.
2. The Contingency Plan and Emergency Procedures plan, should have locations listed of all noted emergency equipment.

You are requested to respond to this letter, by September 30, 1982, providing documentation to this office regarding those actions taken to correct these violations. Please address your response to the address in the upper right corner of this letter.

If you have any questions regarding this matter, please feel free to contact me at (313) 368-3335.

Sincerely,  
RESOURCE RECOVERY DIVISION

Larry AuBuchon  
SOUTHEAST MICHIGAN REGION



LA:pf

cc: Al Howard, OHWM  
EPA

R1026 10/78

# RCRA INSPECTION REPORT

EPA Identification Number: M I D 0 0 1 7 2 2 5 5 2

Installation Name: VICKERS INC Troy

Location Address: 1401 CROOKS Rd.

City: Troy State: MICHIGAN

Date of Inspection 9/30/85 Time of Inspection (from) 9:00AM (to) 12:30PM

Person(s) Interviewed

RICHARD HAGAN

Title

Telephone

DIR. FACILITIES ADMIN. SERVICES 313-280-3456

DAVID HEINRICH

FORMAN PLANT MAINTENANCE 313-280-3434

Inspector(s)

LYNNE KING

Agency/Title

Telephone

MDNR/HAZARDOUS WASTE 313-459-9180

Installation Activity (mark only one box)

Inspection Form(s) -

☒ Treatment/Storage/Disposal per 40 CFR §265.1 and/or Generation and/or Transportation

A

☐ Treatment/Storage/Disposal (No Generation or Transportation)

A

☐ Generation and Transportation

B, C

☐ Generation Only

B

☐ Transportation Only

C

Company Filed For A CHANGE IN STATUS TO FULL GENERATOR ONLY ON JUNE 7, 1985

SINCE THEN Company HAS COMPLIED WITH THE 90 DAY GENERATOR STORAGE limits WHILE COMPLYING WITH ALL OTHER TSD REQUIREMENTS.

WASTES CONTAINED IN DRUMS ONLY - NO NOTED spills ETC. OR ACTIVITIES REQUIRING CLOSURE.

# INSPECTION FORM A

## Section A: SCOPE OF INSPECTION.

1. Interim status standards for treatment storage or disposal of HAZARDOUS WASTES SUBJECT TO 40 CFR 265.1. Complete Inspection Form A sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage and disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

Permit application process(es) (EPA Form 3510-3)      Inspection Form A section(s)

|     |                                     |  |     |
|-----|-------------------------------------|--|-----|
| S01 | <input checked="" type="checkbox"/> | storage in containers  | I   |
| S02 | <input type="checkbox"/>            | storage in tanks   | J   |
| T01 | <input type="checkbox"/>            | treatment in tanks   | J   |
| S04 | <input type="checkbox"/>            | storage in surface impoundment   | K,F |
| T02 | <input type="checkbox"/>            | treatment in surface impoundment   | K,F |
| D83 | <input type="checkbox"/>            | disposal in surface impoundment  | K,F |
| S03 | <input type="checkbox"/>            | storage in waste pile  | L   |
| D81 | <input type="checkbox"/>            | disposal by land application   | M,F |
| D80 | <input type="checkbox"/>            | disposal in landfill   | N,F |
| T03 | <input type="checkbox"/>            | treatment by incineration  | O/P |
| T04 | <input type="checkbox"/>            | treatment in devices other than tanks, surface impoundments, or incinerators | Q   |

### Other activities

|             |                                     |          |    |
|-------------|-------------------------------------|----------|----|
| GENERATOR   | <input checked="" type="checkbox"/> | APPENDIX | GN |
| TRANSPORTER | <input type="checkbox"/>            | APPENDIX | TR |

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.

NONE

4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.

NONE

Section B: GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

|   | YES           | NO            | NI*           | Remarks   |
|---|---------------|---------------|---------------|---|
| 1. Has the Regional Administrator been notified regarding: 265.12   |               |               |               |   |
| a. Receipt of hazardous waste from a foreign source?  | <u>      </u> | <u>      </u> | <u>      </u> | <u>NA</u>   |
| b. Facility expansion?  | <u>      </u> | <u>      </u> | <u>      </u> | <u>NONE</u>   |
| c. Change of owner or operator?   | <u>  ✓  </u>  | <u>      </u> | <u>      </u> | <u>DECEMBER 19, 1983 REVISED</u><br><u>PART A TO EPA REGION I</u><br><u>NOW OWNED BY LIBBY CORP.</u><br><u>FORD</u> |
| 2. General Waste Analysis: 265.13   |               |               |               |   |
| a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?   | <u>  ✓  </u>  | <u>      </u> | <u>      </u> | <u>      </u>   |
| b. Does the owner or operator have a detailed waste analysis plan on file at the facility?  | <u>  ✓  </u>  | <u>      </u> | <u>      </u> | <u>      </u>   |
| c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?   | <u>  ✓  </u>  | <u>      </u> | <u>      </u> | <u>      </u>   |
| 3. Security - Do security measures include: (if applicable) 265.14  |               |               |               |   |
| a. 24-Hour surveillance?  | <u>  ✓  </u>  | <u>      </u> | <u>      </u> | <u>      </u>   |
| or  |               |               |               |   |
| b. i. Artificial or natural barrier around facility?  | <u>  ✓  </u>  | <u>      </u> | <u>      </u> | <u>      </u>   |
| and   |               |               |               |   |
| ii. Controlled entry?   | <u>  ✓  </u>  | <u>      </u> | <u>      </u> | <u>      </u>   |
| c. Danger sign(s) at entrance?  | <u>  ✓  </u>  | <u>      </u> | <u>      </u> | <u>      </u>   |
| 4. Owner or operator inspections: 265.15  |               |               |               |   |
| a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment? | <u>  ✓  </u>  | <u>      </u> | <u>      </u> | <u>      </u>   |

\*Not Inspected



|  | YES                                 | NO                       | NI                       | Remarks   |
|--|-------------------------------------|--------------------------|--------------------------|---|
| b. Does the owner or operator have an inspection schedule at the facility?                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | WEEKLY  |
| c. If so, does the schedule address the inspection of the following items:                             |                                     |                          |                          | CONDUCTED BY PLANT SECURITY   |
| i. monitoring equipment?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NA  |
| ii. safety and emergency equipment?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| iii. security devices?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| iv. operating and structural equipment (i.e. dikes, pumps, etc.)?                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CAMERAS & KEY STATIONS  |
| v. type of problems to be looked for during the inspection (e.g. leaky fitting, defective pump, etc.)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | COMPANY HAS BEEN TOLDING SO BUT WILL WRITE INSTRUCTIONS ON WHAT TO LOOK FOR |
| vi. inspection frequency (based upon the possible deterioration rate of the equipment)?                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| d. Are areas subject to spills inspected daily when in use?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| e. Does the owner or operator maintain an inspection log or summary of owner or operator inspections?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| f. Does the inspection log contain the following information:  |                                     |                          |                          |   |
| i. the date and time of the inspection?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| ii. the name of the inspector?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| iii. a notation of the observations made?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| iv. the date and nature of any repairs or remedial actions?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SPACE PROVIDED - NO REPAIRS NOTED   |
| 5. Do personnel training records include: 265.16   |                                     |                          |                          |   |
| a. Job titles?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| b. Job descriptions?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |

|  | YES                                 | NO                       | NI                       | Remarks   |
|--|-------------------------------------|--------------------------|--------------------------|---|
| c. Description of training?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| d. Records of training?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| e. Did facility personnel receive the required training by 5-19-81?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| f. Do new personnel receive required training within six months?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| g. Do personnel training records indicate that personnel have taken part in an annual review of initial training?        |                                     |                          |                          | LAST REVIEWED SPRING 1985 CONDUCTED BY MICHIGAN STATE UNIV. AT FACILITY |
| 6. If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed? 265.17 |                                     |                          |                          |   |
| a. Special handling?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| b. No smoking signs?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| c. Separation and protection from ignition sources?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |

Section C: PREPAREDNESS AND PREVENTION: (Part 265 Subpart C)

1. Maintenance and Operation  
of Facility: 265.31

Is there any evidence of fire,  
explosion, or release of  
hazardous waste or hazardous  
waste constituent?

YES NO NI Remarks

\_\_\_ / \_\_\_

2. If required, does the facility  
have the following equipment: 265.32

a. Internal communications or  
alarm systems?

/ \_\_\_ \_\_\_ P.A. SYSTEM / FIRE ALARM

b. Telephone or 2-way radios  
at the scene of operations?

/ \_\_\_ \_\_\_ BOTH

c. Portable fire extinguishers,  
fire control, spill control  
equipment and decontamination  
equipment?

/ \_\_\_ \_\_\_

Indicate the volume of water and/or foam available for fire control:

CITY WATER PRESSURE REGULARLY CHECKED 150 000 GALLON

WATER TANK CAN BE USED ADEQUATE FIRE EXTINGUISHERS OF

3. Testing and Maintenance of  
Emergency Equipment: 265.33

a. Has the owner or operator  
established testing and  
maintenance procedures  
for emergency equipment?

/ \_\_\_ \_\_\_ SECURITY HANDLES  
INSPECTIONS + MAINT  
MAINTENANCE

b. Is emergency equipment  
maintained in operable  
condition?

/ \_\_\_ \_\_\_

4. Has owner or operator provided  
immediate access to internal  
alarms? (if needed) 265.34

/ \_\_\_ \_\_\_

5. Is there adequate aisle space  
for unobstructed movement?

/ \_\_\_ \_\_\_

6. Has the owner or operator attempted  
to make arrangements with local  
authorities in case of an emergency  
at the facility?

/ \_\_\_ \_\_\_ NEW CONTINGENCY PLAN GOING  
OUT WITH COMPANY LETTER  
REQUESTING RESPONSE  
MAY ALSO UTILIZE REGISTER  
MAIL

Section D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES: (Part 265 Subpart D)

YES   NO   NI   Remarks

1. Does the Contingency Plan contain the following information: 265.52

a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)

*Company is IN PROCESS OF REVISING plan To accurately describe changes in activity, Management etc.*

☒   ☐   ☐

b. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?

☒   ☐   ☐

*will be DOCUMENTED FURTHER WHEN NEW ONE SENT out*

c. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?

☒   ☐   ☐

d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?

☒   ☐   ☐

e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)

☒   ☐   ☐

2. Are copies of the Contingency Plan available at the site and local emergency organizations? 265.53

☒   ☐   ☐

*GUARDS/MAINTENANCE + Fire brigade in plant hospital, fire, police, etc out plant. 4/82-A*



YES NO NI Remarks

3. Emergency Coordinator 265.55

- a. Is the facility Emergency Coordinator identified?
- b. Is coordinator familiar with all aspects of site operation and emergency procedures?
- c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?

|   |   |   |                   |
|---|---|---|-------------------|
| ✓ | — | — | <u>DICK HAGAN</u> |
| ✓ | — | — | —                 |
| ✓ | — | — | —                 |

4. Emergency Procedures 265.56

If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?

|   |           |   |                                  |
|---|-----------|---|----------------------------------|
| — | <u>NA</u> | — | <u>HAVE NOT IMPLEMENTED PLAN</u> |
|---|-----------|---|----------------------------------|

Section E: MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING: (Part 265 Subpart E)

|  | YES   | NO    | NI    | Remarks |
|--|-------|-------|-------|---------|
| <b>** 1. Use of Manifest System 265.71</b>   |       |       |       |         |
| a. Does the facility follow the procedures listed in §265.71 for processing each manifest? (Particularly sending a copy of the signed manifest back to the generator within 30 days after delivery.) | ✓     | _____ | _____ | _____   |
| b. Are records of past shipments retained for 3 years?   | ✓     | _____ | _____ | _____   |
| <b>** 2. Does the owner or operator meet requirements regarding manifest discrepancies? 265.72</b>   | _____ | _____ | _____ | N/A     |
| <b>** Not applicable to owners or operators of on-site facilities that do not receive any waste from off-site sources.</b>   |       |       |       |         |
| <b>3. Operating Record 265.73</b>  |       |       |       |         |
| a. Does the owner or operator maintain an operating record as required in 265.73?  | ✓     | _____ | _____ | _____   |
| b. Does the operating record contain the following information:  |       |       |       |         |
| i. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in 40 CFR Part 265 Appendix I?  | ✓     | _____ | _____ | _____   |
| ii. The location and quantity of each hazardous waste within the facility? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)        | ✓     | _____ | _____ | _____   |
| <b>***iii. A map or diagram of each cell or disposal area</b>  |       |       |       |         |

\*\*\* only applies to disposal facilities

YES NO NI Remarks

showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)

\_\_\_\_ NA \_\_\_\_\_

iv. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?

✓ \_\_\_\_\_

v. Reports detailing all incidents that required implementation of the Contingency Plan?

\_\_\_\_ NA \_\_\_\_\_

vi. All closure and post closure costs as applicable?

✓ \_\_\_\_\_

4. Availability of Records 265.74

Are all facility records required under 40 CFR Part 265 available for inspection?

✓ \_\_\_\_\_

5.\*\*Unmanifested Waste Reports 265.76

a. Has the facility accepted any hazardous waste from an off-site generator subject to 40 CFR 262.20 without a manifest or or shipping paper?

\_\_\_\_ NA \_\_\_\_\_

b. If "a" is yes, provide the identity of the source of the waste and a description of the quantity, type, and date received for each unmanifested hazardous waste shipment.

\_\_\_\_\_  
\_\_\_\_\_

\*\* Not applicable to owners or operators of on-site facilities that do not receive any hazardous from off-site sources.

|  | YES | NO  | NI       | Remarks |
|--|-----|-----|----------|---------|
| 8. Has the owner or operator developed an <u>outline</u> of a comprehensive groundwater quality assesment program that is capable of determining: 265.93 |     |     |          |         |
| a. Whether hazardous waste or hazardous waste constituents have entered the groundwater?   | ___ | ___ | ___      | _____   |
| b. The rate and extent of migration of hazardous waste or hazardous waste constituents in the groundwater?   | ___ | ___ | ___      | _____   |
| c. The concentration of hazardous waste or hazardous waste constituents in the groundwater?  | ___ | ___ | ___      | _____   |
| *9. Has the owner or operator performed a statistical analysis of his groundwater monitoring data as required in 265.93(b)?                              | ___ | ___ | <u>X</u> | _____   |
| *10. Was there a statistically significant increase (or pH decrease) detected in any well?   | ___ | ___ | <u>X</u> | _____   |
| a. If "yes," has the owner or operator responded in accordance with the procedures prescribed in 265.93 paragraphs c through f?                          | ___ | ___ | <u>X</u> | _____   |
| Skip to number 14  |     |     |          |         |
| 11. Has the owner or operator prepared a written groundwater monitoring waiver demonstration for the facility?   | ___ | ___ | ___      | _____   |
| a. Is the waiver demonstration maintained at the facility?   | ___ | ___ | ___      | _____   |
| b. Has the waiver demonstration been certified by a qualified geologist or geotechnical engineer?  | ___ | ___ | ___      | _____   |

Note: Inspectors should request a copy of the waiver document.

c. Skip questions 12, 13, and 14.

\*These requirements do not take effect until the first 6 months after November 19, 1982. The latest date for compliance with these requirements is May 19, 1983.



Section G . . . CLOSURE AND POST CLOSURE (Part . . . Subpart G)

|  | YES | NO | NI | Remarks  |
|--|-----|----|----|--|
| 1. Closure 265.112   |     |    |    |  |
| a. Is the facility closure plan available for inspection?  | ✓   |    |    |  |
| b. Does the plan identify:   |     |    |    |  |
| i. maximum extent unclosed during facility life?   | ✓   |    |    |  |
| ii. maximum hazardous waste inventory?   | ✓   |    |    |  |
| iv. estimated year of closure?   |     |    |    | NA   |
| v. schedule of closure activities?   | ✓   |    |    |  |
| c. Has closure begun?  |     | ✓  |    |  |
| *2. Post-Closure 265.118   |     |    |    | Company HAS APPLIED FOR STATUS CHANGE TO GENERATOR - Any closure REQUIREMENTS UNDER EPA REVIEW |
| a. Is the post-closure plan available for inspection?  |     |    |    | NA   |
| b. Does this plan contain:   |     |    |    |  |
| i. description of groundwater monitoring activities and frequencies?                                 |     |    |    |  |
| ii. description of maintenance activities and frequencies for  |     |    |    |  |
| AA. integrity of cap, final cover, or containment structures, where applicable                       |     |    |    |  |
| BB. facility monitoring equipment  |     |    |    |  |
| iii. name, address, and phone number of person or office to contact during post-closure care period? |     |    |    |  |
| c. Has the post-closure period begun?  |     |    |    |  |
| d. Is the written post-closure cost estimate available? 265.144                                      |     |    |    |  |

plies only to disposal facilities.

Section I - USE AND MANGEMENT OF CONTAINERS (Part 265, Subpart I)

|   | YES                                 | NO                       | NI                       | Remarks   |
|---|-------------------------------------|--------------------------|--------------------------|-----------|
| 1. Are containers in good condition? 265.171  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
| 2. Are containers compatible with waste in them? 265.172  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
| 3. Are containers managed to prevent leaks? 265.173   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
| 4. Are containers stored closed?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
| 5. Are containers inspected weekly for leaks and defects.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
| 6. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive). 265.176 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ignitable |
| 7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply). 265.177   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
| 8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |

# Appendix GN

## Section A: Scope

1. Complete this Appendix if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

## Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

|   | YES                                 | NO                       | NI                       | Remarks |
|---|-------------------------------------|--------------------------|--------------------------|---------|
| (1) Does the operator have copies of the manifest available for review? 262.40  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| (2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. <u>3</u>  |                                     |                          |                          |         |
| (3) Do the manifest forms examined contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements). 262.21  |                                     |                          |                          |         |
| a. Manifest document number?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| b. Name, mailing address, telephone number, and EPA ID number of Generator  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| c. Name and EPA ID Number of Transporter(s)?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| d. Name, address, and EPA ID Number Designated permitted facility and alternate facility?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| f. The total quantity of waste(s) and the type and number of containers loaded?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| g. Required certification?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| h. Required signatures?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| (4) Reportable exceptions 262.42  |                                     |                          |                          |         |
| a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has <u>NOT</u> received a signed copy from the designated facility within 35 days of the date of shipment. <u>NONE</u> |                                     |                          |                          |         |
| b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator. <u>NA</u>   |                                     |                          |                          |         |

Section C: PRE-TRANSPORT REQUIREMENTS (Part 262, Subpart C)

|   | YES                                 | NO                                  | NI                                  | Remarks                         |
|---|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------|
| 1. Is waste packaged in accordance with DOT regulations?<br>(Required prior to movement of hazardous waste off-site) 262.30   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                 |
| 2. Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials?<br>(Required for movement of hazardous waste off-site) 262.31 262.32  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                 |
| 3. If required, are placards available to transporters of hazardous waste? 262.33   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                 |
| 4. On-site accumulation of generated hazardous wastes. A HWMF may accumulate hazardous waste it generates either (A) in its storage facility [265.1(b)] or (B) in accordance with 40 CFR 262.34 [see 265.1(c)(7)]. Option B restricts all accumulation to tanks and containers. If the installation elects option A, check this box <input type="checkbox"/> and skip to Section D. If the installation elects option B, complete the following observations: See 40 CFR 262.34 January 11, 1982 Revision |                                     |                                     |                                     |                                 |
| a. Is each container clearly marked with the start of accumulation date?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                 |
| b. Have more than 90 days elapsed since the date inspected in (a)?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                 |
| c. Do wastes remain in accumulation tanks for more than 90 days?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | No TANKS WITH<br>MANAGED WASTES |
| d. Is each container and tank labeled or marked clearly with the words "Hazardous Waste"?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                 |

Section D: - RECORDKEEPING AND REPORTING (Part 262, Subpart D)

|  | YES                                 | NO                       | NI                       | Remarks |
|--|-------------------------------------|--------------------------|--------------------------|---------|
| 1. Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |

Section E: - INTERNATIONAL SHIPMENTS (Part 262, Subpart E)

|  |                          |                                     |                          |  |
|--|--------------------------|-------------------------------------|--------------------------|--|
| 1. Has the installation imported or exported Hazardous Waste? 262.50 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| (If answered Yes, complete the following as applicable.)             |                          |                                     |                          |  |
| a. Exporting Hazardous waste; has a generator:                       |                          |                                     |                          |  |



|   | YES   | NO    | NI    | Remarks |
|---|-------|-------|-------|---------|
| i. Notified the Administrator in writing?   | _____ | _____ | _____ | _____   |
| ii. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country? | _____ | _____ | _____ | _____   |
| iii. Met the Manifest requirements?   | _____ | _____ | _____ | _____   |
| b. Importing Hazardous Waste; has the generator met the manifest requirements?                                  | _____ | _____ | _____ | _____   |

|   |  |                              |  |  |  |  |  |   |  |                    |  |  |  |  |                        |  |  |
|---|--|------------------------------|--|--|--|--|--|---|--|--------------------|--|--|--|--|------------------------|--|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>   |  | 1. Generator's US EPA ID No. |  | Manifest Document No.<br><b>A00000070979</b> |  | 2. Page 1 of 1   |  | Information in the shaded areas is not required by Federal law. |  |                    |  |  |  |  |                        |  |  |
| 3. Generator's Name and Mailing Address<br><b>SPERRY-VICKERS<br/>1401 CROOKS S OF MAPLE<br/>TROY MI 48034</b>   |  |                              |  |  |  | State Manifest Number                                  |  |   |  |                    |  |  |  |  |                        |  |  |
|   |  |                              |  |  |  |  |  |   |  |                    |  |  |  |  |                        |  |  |
| 4. Generator's Phone (313) 280-3484   |  |                              |  |  |  | State Generator ID                                     |  |   |  |                    |  |  |  |  |                        |  |  |
|   |  |                              |  |  |  |  |  |   |  |                    |  |  |  |  |                        |  |  |
| 5. Transporter 1 Company Name<br><b>SAFETY-KLEEN-CORP.</b>  |  |                              | 6. US EPA ID Number<br><b>MID000722686</b> |  |  | State Transporter ID                                   |  |   |  |                    |  |  |  |  |                        |  |  |
|   |  |                              |  |  |  |  |  |   |  |                    |  |  |  |  |                        |  |  |
| 7. Transporter 2 Company Name   |  |                              | 8. US EPA ID Number                        |  |  | State Transporter ID                                   |  |   |  |                    |  |  |  |  |                        |  |  |
|   |  |                              |  |  |  |  |  |   |  |                    |  |  |  |  |                        |  |  |
| 9. Designated Facility Name and Site Address<br><b>SAFETY-KLEEN CORP.<br/>751 ORCHARD LAKE RD<br/>PONTIAC, MICHIGAN 48053</b>   |  |                              |  |  |  | State Facility ID                                      |  |   |  |                    |  |  |  |  |                        |  |  |
|   |  |                              |  |  |  |  |  |   |  |                    |  |  |  |  |                        |  |  |
| 10. US EPA ID Number<br><b>MID000722686</b>   |  |                              |  |  |  | Facility Phone   |  |   |  |                    |  |  |  |  |                        |  |  |
|   |  |                              |  |  |  |  |  |   |  |                    |  |  |  |  |                        |  |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)   |  |                              |  |  |  | 12. Containers<br>No. Type                             |  | 13. Total<br>Quantity   |  | 14. Unit<br>Wt/Vol |  | 15. Waste No.                            |  |  |                        |  |  |
|   |  |                              |  |  |  |  |  |   |  |                    |  |  |  |  |                        |  |  |
| a. <input checked="" type="checkbox"/> Waste, Petroleum Naphtha, Combustible Liquid, UN 1255<br>D001  |  |                              |  |  |  | 1  |  | DM  |  | 92                 |  | G  |  |  |                        |  |  |
| b. <input type="checkbox"/> Waste, Compound, Cleaning, Liquid, Corrosive Material, NA 1760<br>F002-F004   |  |                              |  |  |  |  |  | DM  |  |                    |  |  |  |  |                        |  |  |
| c. <input type="checkbox"/> Waste, Perchloroethylene, ORM-A, UN 1897<br>F002  |  |                              |  |  |  |  |  | DM  |  |                    |  |  |  |  |                        |  |  |
| d. <input type="checkbox"/>   |  |                              |  |  |  |  |  |   |  |                    |  |  |  |  |                        |  |  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. |  |                              |  |  |  | 17. Additional Descriptions for Materials Listed Above |  |   |  |                    |  | 18. Handling Code for Waste Listed Above |  |  |                        |  |  |
|   |  |                              |  |  |  |  |  |   |  |                    |  |  |  |  |                        |  |  |
| 15. Special Handling Instructions and Additional Information<br><b>4-055-02-1089<br/>588852<br/>TERR 04</b>   |  |                              |  |  |  |  |  |   |  |                    |  |  |  |  |                        |  |  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. |  |                              |  |  |  |  |  |   |  |                    |  |  |  |  |                        |  |  |
| Printed/Typed Name<br><b>EDWARD F. RUSH</b>   |  |                              |  |  |  |  |  |   |  |                    |  | Signature<br><i>E. F. Rush</i>           |  |  | Date<br><b>8/16/11</b> |  |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials   |  |                              |  |  |  |  |  |   |  |                    |  |  |  |  |                        |  |  |
| Printed/Typed Name<br><b>LEWIS MCGUIRE</b>  |  |                              |  |  |  |  |  |   |  |                    |  | Signature<br><i>Lewis McGuire</i>        |  |  | Date<br><b>8/16/11</b> |  |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials   |  |                              |  |  |  |  |  |   |  |                    |  |  |  |  |                        |  |  |
| Printed/Typed Name  |  |                              |  |  |  |  |  |   |  |                    |  | Signature                                |  |  | Date                   |  |  |
| 19. Discrepancy Indication Space<br><br><b>9/1/88 (1000) TP</b>   |  |                              |  |  |  |  |  |   |  |                    |  |  |  |  |                        |  |  |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.  |  |                              |  |  |  |  |  |   |  |                    |  |  |  |  |                        |  |  |
| Printed/Typed Name  |  |                              |  |  |  |  |  |   |  |                    |  | Signature                                |  |  | Date                   |  |  |
|   |  |                              |  |  |  |  |  |   |  |                    |  |  |  |  |                        |  |  |

#823

RECEIVED

SEP 11 1982

RCRA Inspection Report

ACT 64

EPA Identification Number: M I D 0 0 1 7 2 2 5 5 2

Installation Name: Sperry Vickers

Location Address: 1401 Crooks Road

City: Troy State: Michigan

Date of inspection: 8/27/82 Time of inspection (from) 0930 (to) 1230

| Person(s) interviewed | Title                       | Telephone             |
|-----------------------|-----------------------------|-----------------------|
| <u>John G. Lewis</u>  | <u>Manager - Facilities</u> | <u>(313) 280-3565</u> |
| <u>Richard Hagan</u>  | <u>Facility Manager</u>     | <u>(313) 280-3484</u> |
|                       |                             |                       |

| Inspector(s)          | Agency/Title                                   | Telephone             |
|-----------------------|--|-----------------------|
| <u>Larry AuBuchon</u> | <u>Water Quality Spec</u><br><u>MDNR - RRD</u> | <u>(313) 368-3335</u> |
|                       |  |                       |

Installation Activity (mark only one box)

Inspection Form(s)

- |   |      |
|---|------|
| <input checked="" type="checkbox"/> Treatment/Storage/Disposal per 40 CFR 265.1 and/or Generation and/or Transportation | A    |
| <input type="checkbox"/> Treatment/Storage/Disposal (no generation or Transportation)                                   | A    |
| <input type="checkbox"/> Generation and Transportation  | B, C |
| <input type="checkbox"/> Generation only  | B    |
| <input type="checkbox"/> Transportation only  | C    |

## INSPECTION FORM A

Section A: SCOPE OF INSPECTION.

1. Interim status standards for treatment storage or disposal of HAZARDOUS WASTES SUBJECT TO 40 CFR 265.1. Complete Inspection Form A sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage and disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

Permit application process(es) (EPA Form 3510-3)      Inspection Form A section(s)

|     |                                     |  |     |
|-----|-------------------------------------|--|-----|
| S01 | <input checked="" type="checkbox"/> | storage in containers  | I   |
| S02 | <input type="checkbox"/>            | storage in tanks   | J   |
| T01 | <input type="checkbox"/>            | treatment in tanks   | J   |
| S04 | <input type="checkbox"/>            | storage in surface impoundment   | K,F |
| T02 | <input type="checkbox"/>            | treatment in surface impoundment   | K,F |
| D83 | <input type="checkbox"/>            | disposal in surface impoundment  | K,F |
| S03 | <input type="checkbox"/>            | storage in waste pile  | L   |
| D81 | <input type="checkbox"/>            | disposal by land application   | M,F |
| D80 | <input type="checkbox"/>            | disposal in landfill   | N,F |
| T03 | <input type="checkbox"/>            | treatment by incineration  | O/P |
| T04 | <input type="checkbox"/>            | treatment in devices other than tanks, surface impoundments, or incinerators | Q   |

Other activities

|             |                                     |          |    |
|-------------|-------------------------------------|----------|----|
| GENERATOR   | <input checked="" type="checkbox"/> | APPENDIX | GN |
| TRANSPORTER | <input type="checkbox"/>            | APPENDIX | TR |

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.

*None*

4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.

*None*



Section B: GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

|   | YES        | NO | NI* | Remarks |
|---|------------|----|-----|---------|
| 1. Has the Regional Administrator been notified regarding:  |            |    |     |         |
| a. Receipt of hazardous waste from a foreign source?  | <u>N/A</u> |    |     |         |
| b. Facility expansion?  | <u>N/A</u> |    |     |         |
| c. Change of owner or operator?   | <u>N/A</u> |    |     |         |
| 2. General Waste Analysis:  |            |    |     |         |
| a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?   | <u>X</u>   |    |     |         |
| b. Does the owner or operator have a detailed waste analysis plan on file at the facility?  | <u>X</u>   |    |     |         |
| c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?   | <u>X</u>   |    |     |         |
| 3. Security - Do security measures include:<br>(if applicable)  |            |    |     |         |
| a. 24-Hour surveillance?  | <u>X</u>   |    |     |         |
| or  |            |    |     |         |
| b. i. Artificial or natural barrier around facility?  | <u>X</u>   |    |     |         |
| and   | <u>X</u>   |    |     |         |
| ii. Controlled entry?   | <u>X</u>   |    |     |         |
| c. Danger sign(s) at entrance?  | <u>X</u>   |    |     |         |
| 4. Owner or operator inspections:   |            |    |     |         |
| a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment? | <u>X</u>   |    |     |         |

\*Not Inspected

|  | YES                 | NO | NI | Remarks                             |
|--|---------------------|----|----|-------------------------------------|
| b. Does the owner or operator have an inspection schedule at the facility?                             | <u>X</u>            |    |    | <u>weekly</u>                       |
| c. If so, does the schedule address the inspection of the following items:                             |                     |    |    |                                     |
| i. monitoring equipment?   | <u>X</u>            |    |    |                                     |
| ii. safety and emergency equipment?  | <u>X</u>            |    |    |                                     |
| iii. security devices?   | <u>X</u>            |    |    |                                     |
| iv. operating and structural equipment (i.e. dikes, pumps, etc.)?                                      | <u>X</u>            |    |    |                                     |
| v. type of problems to be looked for during the inspection (e.g. leaky fitting, defective pump, etc.)? | <u>X</u>            |    |    |                                     |
| vi. inspection frequency (based upon the possible deterioration rate of the equipment)?                | <u>X</u>            |    |    |                                     |
| d. Are areas subject to spills inspected daily when in use?  | <u>X</u>            |    |    |                                     |
| e. Does the owner or operator maintain an inspection log or summary of owner or operator inspections?  | <u>X</u>            |    |    |                                     |
| f. Does the inspection log contain the following information:  |                     |    |    |                                     |
| i. the date and <u>time</u> of the inspection?   | <u>X</u> / <u>X</u> |    |    | <u>include time and</u>             |
| ii. the name of the inspector?   | <u>X</u>            |    |    |                                     |
| iii. a notation of the observations made?  | <u>X</u>            |    |    |                                     |
| iv. the date and nature of any repairs or remedial actions?  | <u>X</u>            |    |    | <u>include all remedial actions</u> |
| 5. Do personnel training records include:  |                     |    |    |                                     |
| a. Job titles?   | <u>X</u>            |    |    |                                     |
| b. Job descriptions?   | <u>X</u>            |    |    |                                     |

|   | YES      | NO       | NI | Remarks                                |
|---|----------|----------|----|--|
| c. Description of training?   | <u>X</u> | —        | —  | —                                      |
| d. Records of training?   | <u>X</u> | —        | —  | —                                      |
| e. Did facility personnel receive the required training by 5-19-81?   | <u>X</u> | —        | —  | —                                      |
| f. Do new personnel receive required training within six months?  | <u>X</u> | —        | —  | —                                      |
| g. Do personnel training records indicate that personnel have taken part in an annual review of initial training? | —        | <u>X</u> | —  | <u>perform annual review (5/15/81)</u> |
| 6. If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed? |          |          |    |  |
| a. Special handling?  | <u>X</u> | —        | —  | —                                      |
| b. No smoking signs?  | <u>X</u> | —        | —  | —                                      |
| c. Separation and protection from ignition sources?   | <u>X</u> | —        | —  | —                                      |

Section C: PREPAREDNESS AND PREVENTION: (Part 265 Subpart C)

Maintenance and Operation  
of Facility:

YES NO NI Remarks

Is there any evidence of fire,  
explosion, or release of  
hazardous waste or hazardous  
waste constituent?

X

2. If required, does the facility  
have the following equipment:

a. Internal communications or  
alarm systems?

X

b. Telephone or 2-way radios  
at the scene of operations?

X

c. Portable fire extinguishers,  
fire control, spill control  
equipment and decontamination  
equipment?

X

Indicate the volume of water and/or foam available for fire control:

3. Testing and Maintenance of  
Emergency Equipment:

a. Has the owner or operator  
established testing and  
maintenance procedures  
for emergency equipment?

X

b. Is emergency equipment  
maintained in operable  
condition?

X

4. Has owner or operator provided  
immediate access to internal  
alarms? (if needed)

X

5. Is there adequate aisle space  
for unobstructed movement?

X

6. Has the owner or operator attempted  
to make arrangements with local  
authorities in case of an emergency  
at the facility?

X



Section D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES: (Part 265 Subpart D)

YES NO NI Remarks

Does the Contingency Plan contain the following information:

- a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Counter-measures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)
  - b. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?
  - c. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?
  - d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?
  - e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)
2. Are copies of the Contingency Plan available at the site and local emergency organizations?

X

X

X

X

X

X

*include locations in plant*

| YES | NO | NI | Remarks |
|-----|----|----|---------|
|-----|----|----|---------|

#### Emergency Coordinator

- Is the facility Emergency Coordinator identified?
- Is coordinator familiar with all aspects of site operation and emergency procedures?
- Does the Emergency Coordinator have the authority to carry out the Contingency Plan?

X

X

X

#### 4. Emergency Procedures

If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?

N/A

Section E: MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING: (Part 265 Subpart E)

|  | YES      | NO    | NI    | Remarks    |
|--|----------|-------|-------|------------|
| * 1. Use of Manifest System  |          |       |       |            |
| a. Does the facility follow the procedures listed in §265.71 for processing each manifest? (Particularly sending a copy of the signed manifest back to the generator within 30 days after delivery.) | <u>X</u> | _____ | _____ | _____      |
| b. Are records of past shipments retained for 3 years?   | <u>X</u> | _____ | _____ | _____      |
| ** 2. Does the owner or operator meet requirements regarding manifest discrepancies?   | <u>X</u> | _____ | _____ | <u>N/A</u> |
| ** Not applicable to owners or operators of on-site facilities that do not receive any waste from off-site sources.  |          |       |       |            |
| 3. Operating Record  |          |       |       |            |
| a. Does the owner or operator maintain an operating record as required in 265.73?  | <u>X</u> | _____ | _____ | _____      |
| b. Does the operating record contain the following information:  |          |       |       |            |
| i. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in 40 CFR Part 265 Appendix I?  | <u>X</u> | _____ | _____ | _____      |
| ii. The location and quantity of each hazardous waste within the facility? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)        | <u>X</u> | _____ | _____ | _____      |
| ***iii. A map or diagram of each cell or disposal area   |          |       |       |            |

\*\*\* only applies to disposal facilities

showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)

— — — N/A

iv. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?

X — —

v. Reports detailing all incidents that required implementation of the Contingency Plan?

X — —

vi. All closure and post closure costs as applicable?

X — —

4. Availability of Records

Are all facility records required under 40 CFR Part 265 available for inspection?

X — —

\*\*Unmanifested Waste Reports

a. Has the facility accepted any hazardous waste from an off-site generator subject to 40 CFR 262.20 without a manifest or or shipping paper?

N/A

b. If "a" is yes, provide the identity of the source of the waste and a description of the quantity, type, and date received for each unmanifested hazardous waste shipment.

— — —  
— — —  
— — —

\*\* Not applicable to owners or operators of on-site facilities that do not receive any hazardous from off-site sources.



Section G - CLOSURE AND POST CLOSURE (Part 265 Subpart G)

|  | YES      | NO       | N1  | Remarks    |
|--|----------|----------|-----|------------|
| 1. Closure   |          |          |     |            |
| a. Is the facility closure plan available for inspection?  | <u>X</u> | ___      | ___ | _____      |
| b. Does the plan identify:   |          |          |     |            |
| i. maximum extent unclosed during facility life?   | <u>X</u> | ___      | ___ | _____      |
| ii. maximum hazardous waste inventory?   | <u>X</u> | ___      | ___ | _____      |
| iii. estimated year of closure?  | ___      | ___      | ___ | <u>N/A</u> |
| iv. schedule of closure activities?  | <u>X</u> | ___      | ___ | _____      |
| c. Has closure begun?  | ___      | <u>X</u> | ___ | <u>X</u>   |
| d. Is written closure cost estimate available?   | <u>X</u> | ___      | ___ | _____      |
| 2. Post-Closure  |          |          |     |            |
| a. Is the post-closure plan available for inspection?  | ___      | ___      | ___ | _____      |
| b. Does this plan contain:   |          |          |     |            |
| i. description of groundwater monitoring activities and frequencies?                                 | ___      | ___      | ___ | _____      |
| ii. description of maintenance activities and frequencies for  |          |          |     |            |
| AA. integrity of cap, final cover, or containment structures, where applicable                       | ___      | ___      | ___ | _____      |
| BB. facility monitoring equipment  | ___      | ___      | ___ | _____      |
| iii. name, address, and phone number of person or office to contact during post-closure care period? | ___      | ___      | ___ | _____      |
| c. Has the post-closure period begun?  | ___      | ___      | ___ | _____      |
| d. Is the written post-closure cost estimate available?  | ___      | ___      | ___ | _____      |

\*Applies only to disposal facilities.

|   | YES      | NO  | NI  | Remarks                     |
|---|----------|-----|-----|-----------------------------|
| 1. Are containers in good condition?  | <u>X</u> | ___ | ___ | _____                       |
| 2. Are containers compatible with waste in them?  | <u>X</u> | ___ | ___ | _____                       |
| 3. Are containers managed to prevent leaks?   | <u>X</u> | ___ | ___ | _____                       |
| 4. Are containers stored closed?  | <u>X</u> | ___ | ___ | _____                       |
| 5. Are containers inspected weekly for leaks and defects.   | <u>X</u> | ___ | ___ | _____                       |
| 6. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive). | <u>X</u> | ___ | ___ | <u>ignitable / reactive</u> |
| 7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply).   | <u>X</u> | ___ | ___ | _____                       |
| 8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?                             | <u>X</u> | ___ | ___ | _____                       |

## Section A: Scope

1. Complete this Appendix if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

|  | YES      | NO | NI | Remarks |
|--|----------|----|----|---------|
| (1) Does the operator have copies of the manifest available for review?  | <u>X</u> |    |    |         |
| (2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. <u>1</u>   |          |    |    |         |
| (3) Do the manifest forms examined contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements).  |          |    |    |         |
| a. Manifest document number?   | <u>X</u> |    |    |         |
| b. Name, mailing address, telephone number, and EPA ID number of Generator   | <u>X</u> |    |    |         |
| c. Name and EPA ID Number of Transporter(s)?   | <u>X</u> |    |    |         |
| d. Name, address, and EPA ID Number Designated permitted facility and alternate facility?  | <u>X</u> |    |    |         |
| e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?   | <u>X</u> |    |    |         |
| f. The total quantity of waste(s) and the type and number of containers loaded?  | <u>X</u> |    |    |         |
| g. Required certification?   | <u>X</u> |    |    |         |
| h. Required signatures?  | <u>X</u> |    |    |         |
| (4) Reportable exceptions  |          |    |    |         |
| a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has <u>NOT</u> received a signed copy from the designated facility within 35 days of the date of shipment. <u>0</u> |          |    |    |         |
| b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator. <u>0</u>   |          |    |    |         |

Section C: PRE-TRANSPORT REQUIREMENTS (Part 262, Subpart C)

- |  | YES      | NO | NI | Remarks |
|--|----------|----|----|---------|
| 1. Is waste packaged in accordance with DOT regulations?<br>(Required prior to movement of hazardous waste off-site)   | <u>X</u> | —  | —  | —       |
| 2. Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials?<br>(Required for movement of hazardous waste off-site)   | <u>X</u> | —  | —  | —       |
| 3. If required, are placards available to transporters of hazardous waste?   | <u>X</u> | —  | —  | —       |
| 4. On-site accumulation of generated hazardous wastes. A HWMF may accumulate hazardous waste it generates either (A) in its storage facility [265.1(b)] or (B) in accordance with 40 CFR 262.34 [see 265.1(c)(7)]. Option B restricts all accumulation to tanks and containers. If the installation elects option A, check this box <input checked="" type="checkbox"/> and skip to Section D. If the installation elects option B, complete the following observations: |          |    |    |         |
| a. Is each container clearly marked with the start of accumulation date?   | <u>X</u> | —  | —  | —       |
| b. Have more than 90 days elapsed since the date inspected in (a)?   | —        | —  | —  | —       |
| c. Do wastes remain in accumulation tanks for more than 90 days?   | —        | —  | —  | —       |
| d. Is each container and tank labeled or marked clearly with the words "Hazardous Waste"?  | <u>X</u> | —  | —  | —       |

Section D: - RECORDKEEPING AND REPORTING (Part 262, Subpart D)

- |   | YES      | NO | NI | Remarks |
|---|----------|----|----|---------|
| 1. Are all test results and analyses needed for hazardous waste determinations retained for at least three years? | <u>X</u> | —  | —  | —       |

Section E: - INTERNATIONAL SHIPMENTS (Part 262, Subpart E)

- |   |   |          |   |   |
|---|---|----------|---|---|
| 1. Has the installation imported or exported Hazardous Waste? | — | <u>X</u> | — | — |
| (If answered Yes, complete the following as applicable.)      |   |          |   |   |
| a. Exporting Hazardous waste; has a generator:                |   |          |   |   |



#### **D. Corrective Action**



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY**  
**REGION 5**  
**230 SOUTH DEARBORN ST.**  
**CHICAGO, ILLINOIS 60604**

REPLY TO THE ATTENTION OF:

5HR-12

November 12, 1991

Jeff Clements  
Hietman Properties of Michigan  
1650 Research Drive, Suite 180  
Troy, Michigan 48083

Re: Visual Site Inspection  
Vickers, Incorporated  
32661 Edward,  
Madison Heights, MI  
MID 001722552

Dear Mr. Clements:

The United States Environmental Protection Agency (U.S. EPA) Region V will conduct a Preliminary Assessment including a Visual Site Inspection (PA/VSI) at the referenced facility. This inspection is conducted pursuant to the Resource Conservation and Recovery Act, as amended (RCRA) Section 3007 and the Comprehensive Environmental Response, Compensation, and Liability Act, as amended (CERCLA) Section 104(e). The referenced facility has generated, treated, stored, or disposed of hazardous waste subject to RCRA. The PA/VSI requires identification and systematic review of all solid waste streams at the facility. The objective of the PA/VSI is to determine whether or not releases of hazardous wastes or hazardous constituents have occurred or are occurring at the facility which may require further investigation. This analysis will also provide information to establish priorities for addressing any confirmed releases.

The visual site inspection of your facility is to verify the location of all solid waste management units (SWMUs) and areas of concern (AOCs) to make a cursory determination of their condition by visual observation. The definitions of SWMUs and AOCs are included in Attachment I. The VSI supplements and updates data gathered during a preliminary file review. During this site inspection, no samples will be taken. A sampling visit to ascertain if releases of hazardous waste or constituents have occurred may be required at a later date.

Assistance of some of your personnel may be required in reviewing solid waste flow(s) or previous disposal practices. The site inspection is to provide a technical understanding of the present and past waste flows and handling, treatment, storage, and disposal practices. Photographs of the facility are necessary to document the condition of the units at the facility and the waste management practices used.

The VSI has been scheduled for November 21, 1991. The inspection team will consist of Gabrielle Norkis and Celeste Brancel of PRC Environmental Management, Inc., a contractor for the U.S. EPA. Representatives of the Michigan Department of Natural Resources and of Vickers,

November 12, 1991  
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Incorporated may also be present. Your cooperation in admitting and assisting them while on site is appreciated.

The U.S. EPA recommends that personnel who are familiar with present and past manufacturing and waste management activities be available during the VSI. Access to any relevant maps, diagrams, hydrogeologic reports, environmental assessment reports, sampling data sheets, environmental permits (air, NPDES), manifests and/or correspondence is also necessary, as such information is needed to complete the PA/VSI.

If you have any questions, please contact me at (312) 886-4448 or Sheri Bianchin at (312) 886-4446. A copy of the Preliminary Assessment/Visual Site Inspection Report, excluding the conclusions and Executive Summary portion may be made available upon request.

Sincerely yours,



Kevin M. Pierard, Chief  
OH/MN Technical Enforcement Section

Enclosure

cc: Richard Hagan, Vickers, Incorporated  
Ben Okwumabua, Michigan DNR  
Dennis Drake, Michigan DNR - Lansing  
Ken Burda, Michigan DNR - Lansing

## ATTACHMENT I

The definitions of solid waste management unit (SWMU) and area of concern (AOC) are as follows.

A SWMU is defined as any discernable unit where solid wastes have been placed at any time from which hazardous constituents might migrate, regardless of whether the unit was intended for the management of a solid or hazardous waste.

The SWMU definition includes the following:

- RCRA regulated units, such as container storage areas, tanks, surface impoundments, waste piles, land treatment units, landfills, incinerators, and underground injection wells
- Closed and abandoned units
- Recycling units, wastewater treatment units, and other units that U.S. Environmental Protection Agency has generally exempted from standards applicable to hazardous waste management units
- Areas contaminated by routine and systematic releases of wastes or hazardous constituents, such as wood preservative treatment dripping areas, loading or unloading areas, or solvent washing areas

An AOC is defined as any area where a release to the environment of hazardous wastes or constituents has occurred or is suspected to have occurred on a nonroutine or nonsystematic basis. This includes any area where such a release in the future is judged to be a strong possibility.